

RETIREMENT ALLOWANCE APPLICATION

TO THE BOARD OF TRUSTEES:

I hereby make application for retirement from active service with the Chicago Transit Authority for a Retirement Allowance in accordance with Rules and Regulations provided by the Retirement Plan for Chicago Transit Authority Employees.

PARTICIPANT'S INFORMATION

First Name _____ Middle Name _____ Last Name _____

Street Address _____ Apt. Number _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Mobile Phone Number _____ Email _____

Badge Number _____ Social Security Number _____ Date of Birth _____

Occupation _____ Department _____

Area Number _____ Work Location _____ Division _____

CONTINUOUSLY employed since _____ Last Date of Work _____ Retirement Start Date _____ Yes _____ No _____
Married

Spouse's First Name _____ Spouse's Middle Name _____ Spouse's Last Name _____ Spouse's Date of Birth _____

MAIL CHECK'S TO

Street Address _____ Apt. Number _____ City _____ State _____ Zip Code _____

I have accepted rejected survivorship option.

Have you ever been discharged or laid-off from the CTA? Yes No If yes, provide the date of discharge/laid-off. _____

Were Pension contributions ever refunded to you? Yes No If yes, provide the date of repayment of contributions _____

Were you ever on disability allowance from the Plan? Yes No

SIGNATURE

I hereby certify that the above information is correct

Participant's Signature _____ Date _____

NOTARIZATION (Notarization REQUIRED)

State of _____

County of _____

Signed (or subscribed or attested) to before me on (date) _____ By _____

(seal)

Signature of Notary Public

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APPROVAL BY THE BOARD OF TRUSTEES

I have reviewed the employee's record, pertinent documents, application, and applicable forms. I certify that the employee meets all eligibility requirements of the Retirement Plan for CTA Employees, and that this application is ready to be presented to the BOARD OF TRUSTEES for consideration.

Signature of Pension Representative

Date

Signature of Pension Representative

Date