

RETIREMENT PLAN FOR CHICAGO TRANSIT AUTHORITY EMPLOYEES
ELECTION OF DEFERRED VESTED OLD-AGE RETIREMENT ALLOWANCE

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		
Date of Hire	Date of Termination	Last Date of Work	Total Service (Y/M)	
Occupation		Department		
Area Number	Work Location	Division		
Elected Single Sum Refund		Waived Monthly Vested Allowance		

SIGNATURE

All participants must sign and return this form with a clear copy of a valid state issued driver's license or ID.

I understand that, since I had completed ten (10) years or more of continuous participation in the Retirement Plan for CTA Employees prior to becoming separated from the service of the Authority, and since I am not eligible for any other type of Retirement Allowance under the Retirement Plan for Chicago Transit Authority, I am entitled to a deferred vested old-age retirement allowance. I further understand that such entitlement is subject to all the provisions of the Plan, and specifically to section 11 thereof.

I further understand that application for commencement of payment of the deferred vested old-age retirement allowance must be filed with the secretary of the BOARD OF TRUSTEES not earlier than ninety (90) days prior to my sixty-fifth (65th) birthday, and that payment of such allowance will commence with the month next following the month in which I shall (i) attain the age of 65 or (ii) file such application, whichever is later.

Pursuant to Paragraph 11.2 of the Plan, I hereby elect to receive a vested old-age retirement allowance and elect NOT to receive a refund of my contributions under the Plan, with interest, as otherwise provided in Paragraph 15.2 of the Plan, except as such would be payable following my death.

Participant's Signature	Date
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NOTARIZATION (Notarization REQUIRED)

State of _____

County of _____

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

(seal) _____
Signature of Notary Public

An Original Election

Modification to Prior Election