

**QDRO BENEFIT ALLOWANCE APPLICATION**

TO THE RETIREMENT ALLOWANCE COMMITTEE:

I hereby make application for the monthly QDRO benefit allowance pursuant to the Qualified Domestic Relations Order (QDRO) and Rule 24 of the Retirement Plan for Chicago Transit Authority Employees' provisions.

**QRDO SPOUSE'S INFORMATION**

First Name	Middle Name	Last Name		
Street Address	Apt. Number	City	State	Zip Code
Home Phone Number	Mobile Phone Number	Email		
Date of Birth	Social Security Number	QDRO Effective Date		

**PARTICIPANT'S INFORMATION**

First Name	Middle Name	Last Name		
Badge Number	Social Security Number	Date of Birth	Date of Hire	Date of Retirement
Area Number	Work Location	Occupation		

**SIGNATURE**

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

I hereby certify that the above information is correct.

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

**APPROVAL BY THE BOARD OF TRUSTEES**

I have reviewed the Qualified Domestic Relations Order (QDRO) information, pertinent documentation, application, and all applicable forms. I certify that the QDRO former spouse meets all eligibility requirements of the Retirement Plan of 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 Executive Director, Board of Trustees	Date

