

RETIREMENT PLAN FOR CHICAGO TRANSIT AUTHORITY EMPLOYEES
DESIGNATION OR CHANGE OF BENEFICIARY OF RETIREMENT PLAN

Retiree/Disabled

Participant/Active

PARTICIPANT'S INFORMATION

First Name

Middle Name

Last Name

Badge Number

Social Security Number

I hereby revoke any previous designation of beneficiary (ies) and/or secondary beneficiary (ies) and designate as the Retirement Plan beneficiary (ies) in the event of my death:

FIRST PRIMARY BENEFICIARY INFORMATION

First Name

Middle Name

Last Name

Street Address

Apartment Number

City

State

Zip Code

Home Phone Number

Mobile Phone Number

Email

Date of Birth

Social Security Number

Relationship

SECOND PRIMARY BENEFICIARY INFORMATION

First Name

Middle Name

Last Name

Street Address

Apartment Number

City

State

Zip Code

Home Phone Number

Mobile Phone Number

Email

Date of Birth

Social Security Number

Relationship

THIRD PRIMARY BENEFICIARY INFORMATION

First Name

Middle Name

Last Name

Street Address

Apartment Number

City

State

Zip Code

Home Phone Number

Mobile Phone Number

Email

Date of Birth

Social Security Number

Relationship

FOURTH PRIMARY BENEFICIARY INFORMATION

First Name	Middle Name	Last Name
Street Address	Apartment Number	
City	State	Zip Code
Home Phone Number	Mobile Phone Number	Email
Date of Birth	Social Security Number	Relationship

Payment will be made in equal shares to the beneficiary(s), unless otherwise stated. If all the above primary beneficiaries are not living at my death, I hereby designate the following as my second beneficiary (ies):

FIRST SECONDARY BENEFICIARY INFORMATION

First Name	Middle Name	Last Name
Street Address	Apartment Number	
City	State	Zip Code
Home Phone Number	Mobile Phone Number	Email
Date of Birth	Social Security Number	Relationship

SECOND SECONDARY BENEFICIARY INFORMATION

First Name	Middle Name	Last Name
Street Address	Apartment Number	
City	State	Zip Code
Home Phone Number	Mobile Phone Number	Email
Date of Birth	Social Security Number	Relationship

THIRD SECONDARY BENEFICIARY INFORMATION

First Name	Middle Name	Last Name
Street Address	Apartment Number	
City	State	Zip Code

DESIGNATION OR CHANGE OF BENEFICIARY OF RETIREMENT PLAN

Home Phone Number Mobile Phone Number Email

Date of Birth Social Security Number Relationship

FOURTH SECONDARY BENEFICIARY INFORMATION

First Name Middle Name Last Name

Street Address Apartment Number

City State Zip Code

Home Phone Number Mobile Phone Number Email

Date of Birth Social Security Number Relationship

The right to change beneficiary (ies) and/or the secondary beneficiary (ies) hereby designated without the consent of the said beneficiaries is reserved. To be effective, a change in beneficiary (ies) must be received by the Retirement Plan during the employee's lifetime.

I hereby acknowledge that benefits under the Retirement Plan are subject to the provisions of Rule No. 23 which provides: "In the event that a former employee or beneficiary designated by me does not claim the benefits due hereunder to said former employee or beneficiary within a period of three years after the benefits became due and payable, said former employee or beneficiary so designated shall have no further claim to said benefits and the Committee shall distribute said benefits to the heirs at law, if any, of said former employee. If the heirs at law of said former employee do not claim said benefits within a period of four years after the benefits first become due and payable to the former employee or his designated beneficiary, the benefits shall become assets of the Retirement Plan without being subject to further claim by the heirs at law of the former employee or any governmental body."

SIGNATURE

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

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