

RETIREMENT PLAN FOR CHICAGO TRANSIT AUTHORITY EMPLOYEES
ELECTION OF NORMAL FORM OF PAYMENT (No Survivorship Option)

TO THE RETIREMENT ALLOWANCE COMMITTEE:

I hereby request the normal form of payment as provided for under Section 13, paragraph 13.2 of 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	Scheduled Date of Retirement	

SIGNATURE

If you elect a Normal Form of Payment, this form should accompany your Application for Retirement.

I understand that an employee who is married at his retirement, and who shall have failed to elect otherwise before such date, will receive a reduced amount of monthly retirement allowance payable for the lifetime of the employee and one-half (1/2) such reduced amount will be paid for the remaining lifetime, if any, of the spouse following the employee's death.

Regardless of my marital status, I hereby elect that the FULL AMOUNT of my retirement allowance be paid to me in the NORMAL FORM. I understand that, under the normal form, my retirement allowance will be paid only for my lifetime and that no monthly payments will be continued to any person after my death.

I further understand that I may revoke this election at any time prior to my retirement, but not thereafter.

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