DISTRIBUTION:

## **RETIREMENT ALLOWANCE APPLICATION**

Original - Pension F	ile
Copy - Employee	
Copy - Personnel Fi	le
Copy - Payroll	

ate	RETIREMENT NO.			
THE BOARD OF TRUSTEES: Preby make application for retirement from active service with the Cl Prement Plan for Chicago Transit Authority Employees.	nicago Transit Authorit	y for a Retirement A	llowance in accordance with	Rules and Regulations provided by the
ame of Employee:				
ldress		City	State	Zip Code
cial Security Number:		Date of Birth		
partment Occupation			Badge/Payroll No	Div.
wa Number Work Location			Home Telephone No	
ail Address			Mobile Phone Number	
ave been employed continuously by the Authority since				
last day of work will be	_	My r	etirement will start on	
ried Yes No Spouse Name			Date of Birth	1
ecks to be mailed to				
dress		City	State	Zip Code
/e				
Have you ever been discharged from the CTA? Yes	No			
If yes, please state date of dischargellaid-off.		D	ate of reinstatement	
To be completed by Pension Representative only. Were				
Pension contributions ever refunded to this applicant?	Yes No If	yes, please indicate	date of repayment of contribut	ions
. Were you ever on disability allowance from the Plan?	Yes No	Date		
HEREBY CERTIFY THAT THE ABOVE INFORMAT	ION IS CORRECT	· _	Signat	ure of Applicant
D. NOTARIZATION (Notarization needed only if application is su State of Illinois	Ibmitted by mail.)			
County of				
Signed (or subscribed or attested) before me on				
(date) by				
(name of person).				
(name of person).				

D. This application was approved by THE BOARD OF TRUSTEES on RP CTA-1 (06/08)

Signature of Pension Representative