

**RETIREMENT PLAN FOR CHICAGO TRANSIT AUTHORITY EMPLOYEES**  
Chicago Transit Authority Employees, 55 West Monroe Street, Suite 1950, Chicago, IL 60603  
**DESIGNATION OR CHANGE OF BENEFICIARY OF RETIREMENT PLAN**

**RETIREE/DISABLED**

**PARTICIPANT/ACTIVE**

**Badge #**

**Type or print all required information and mail to: Retirement Plan for**

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:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_
4. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

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

1. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_
4. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

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 of Participant                      Name of Employee (Printed or Typed)                      Social Security Number                      Date

\_\_\_\_\_  
Name                      Address                      City                      State                      Zip Code

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

Print or type name and address below to insure return of duplicate copy \_\_\_\_\_  
Notary Public