

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

Retiree/Disabled

Participant/Active

Date

PARTICIPANT'S INFORMATION

Full Name

Badge

SSN

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

Full Name

Address

City, State, Zip

Relationship

SSN

Date of Birth

Phone Number

SECOND PRIMARY BENEFICIARY INFORMATION

Full Name

Address

City, State, Zip

Relationship

SSN

Date of Birth

Phone Number

THIRD PRIMARY BENEFICIARY INFORMATION

Full Name

Address

City, State, Zip

Relationship

SSN

Date of Birth

Phone Number

FOURTH PRIMARY BENEFICIARY INFORMATION

Full Name

Address

City, State, Zip

Relationship

SSN

Date of Birth

Phone Number

FIRST SECONDARY BENEFICIARY INFORMATION

Full Name

Address

City, State, Zip

Relationship

SSN

Date of Birth

Phone Number

SECOND SECONDARY BENEFICIARY INFORMATION

Full Name

Address

City, State, Zip

Relationship

SSN

Date of Birth

Phone Number

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

THIRD SECONDARY BENEFICIARY INFORMATION

Full Name	Address	City, State, Zip	
Relationship	SSN	Date of Birth	Phone Number

FOURTH SECONDARY BENEFICIARY INFORMATION

Full Name	Address	City, State, Zip	
Relationship	SSN	Date of Birth	Phone Number

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 Street Address	City	State	Zip Code	Phone
Participant's Signature				Date
				Form submitted in person

NOTARIZATION (Notarization REQUIRED)

State of _____
County of _____
Signed (or subscribed or attested) to before me on (date) _____ By _____

(seal) _____
Signature of Notary Public

OFFICE USE ONLY – RECEIVED BY

Name of Pension Representative	Signature of Pension Representative	Date
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