

**THE RETIREMENT BOARD  
of the  
FIREMEN'S ANNUITY AND BENEFIT FUND  
OF CHICAGO**

20 S. Clark Street  
(312) 726-5823  
Marshall Line 9261

Suite 1400  
Chicago, IL 60603-1899  
Fax (312) 726-2316  
<http://www.fabf.org>  
(800) 782-7425

**THIS SPACE FOR  
OFFICE USE ONLY**

File # \_\_\_\_\_

Company: \_\_\_\_\_

**THE ENDE MENZER WALSH & QUINN  
RETIREES' WIDOWS' AND CHILDREN'S ASSISTANCE FUND**

**AUTOMATIC DEDUCTION AUTHORIZATION FORM**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
TELEPHONE NUMBER

**PLEASE CHOOSE ONE OF THE FOLLOWING:**

YES, PLEASE DEDUCT \$ \_\_\_\_\_ FROM MY BENEFIT CHECK AS A ONE TIME DONATION TO THE GIFT FUND.

YES, PLEASE DEDUCT \$ \_\_\_\_\_ FROM MY BENEFIT CHECK AS MY MONTHLY DONATION TO THE GIFT FUND.

PLEASE INCREASE THE CURRENT MONTHLY DEDUCTION FROM MY BENEFIT CHECK TO \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

-----  
**IMPORTANT INFORMATION**

WE MUST RECEIVE THIS FORM BY THE 20<sup>TH</sup> OF THE MONTH FOR THE CHANGE TO BE IN EFFECT WITH THE CHECK AT THE END OF THE MONTH.

YOU MUST KEEP THIS OFFICE INFORMED, IN WRITING AND AT ALL TIMES, OF ANY NEEDED CHANGES.