

FIREMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO DEATH BENEFIT DIRECTIVE

Member Information	
Name	
Social Security Number	Date of Birth

Beneficiary Designation - You must designate at least one primary beneficiary; do not designate yourself. If you select more than one primary beneficiary or more than one contingent beneficiary, the total percentage(s) for each category must add up to 100% (the amounts will be split equally if no percentage is indicated). Use whole numbers only. If you would like to name more than three (3) beneficiaries in either of the categories, please attached a separate sheet that is signed, dated and notarized.

Member Authorizations for QILDRO Orders and Credit Union Balances	
<input type="checkbox"/> QILDRO on File	<input type="checkbox"/> Chicago Firefighters Credit Union
<input type="checkbox"/> Chicago Fireman's Association Credit Union	<input type="checkbox"/> Chicago Fire Officers' Association Credit Union

Primary Beneficiary(ies) (person(s) only eligible after all items indicated above are paid in full)		
Name	Relationship	Designation
Social Security Number	Date of Birth	_____ %
Name	Relationship	Designation
Social Security Number	Date of Birth	_____ %
Name	Relationship	Designation
Social Security Number	Date of Birth	_____ %

Contingent Beneficiary(ies) (person(s) eligible only if all primary beneficiaries are deceased)		
Name	Relationship	Designation
Social Security Number	Date of Birth	_____ %
Name	Relationship	Designation
Social Security Number	Date of Birth	_____ %
Name	Relationship	Designation
Social Security Number	Date of Birth	_____ %

In accordance with the provisions of Section 6-150 of the Code, I hereby authorize and direct the Retirement Board of the Firemen's Annuity and Benefit Fund of Chicago to make payment of the full amount of the Ordinary Death Benefit due at the time of my death as indicated above. If no such written direction has been filed or if the designated beneficiaries do not survive the fireman, payment of the benefit shall be made to his estate.

Subscribed and sworn to before me, a Notary Public

_____ Member Signature

this _____ day of _____, 20_____

Notary Public Signature