

(EXHIBIT "B")

This form, completed and notarized, must be delivered to the Office of the
Fund no later than 3:00 p.m. on **October 14, 2025**.

STATE OF ILLINOIS)

) SS:

COUNTY OF COOK)

REQUEST FOR BALLOT AFFIDAVIT

I, _____, on my oath state and depose as follows:

Printed Name

1. I am eligible and desire to vote in the election to fill the office of **Annuitant Member Trustee** of the Retirement Board which becomes vacant on **December 1, 2025**.

2. (Check One) :

☐ I did not receive a ballot or mailing envelope.

☐ I spoiled my ballot, and my spoiled ballot is enclosed herewith.

☐ I currently reside at, and my replacement ballot should be mailed to:

Signature_____
Date

As a voter you are responsible for having this form notarized before returning it to the Fund, or as an alternative, this form may be sent through the ID.me Adobe Forms verification process available on the Fund's website.

Subscribed and sworn to before me

this _____ day of _____, 2025.

NOTARY PUBLIC

I certify that _____, is eligible to vote in the election to fill the office of **Annuitant Member Trustee** of the Retirement Board which becomes vacant on **December 1, 2025**.

Election Committee Representative: _____