

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS**

**ANNUAL AFFIDAVIT OF CONTINUED ELIGIBILITY**

State of \_\_\_\_\_

County of \_\_\_\_\_

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

(NO P.O. BOXES)

CITY/TOWN: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
(With area code)

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I **DO NOT** WISH TO SHARE THIS INFORMATION WITH OTHER PENSIONERS.

The Undersigned, being first duly sworn on oath, deposes and states:  
I am currently a beneficiary of the Des Plaines Police Pension Fund. I certify, under oath,  
that I am still eligible for the pension I am currently receiving.

\_\_\_\_\_  
**Signature of Beneficiary**

Subscribed and sworn before me on \_\_\_\_\_, 2004 by the above named person, who  
is (check one)

Personally known to me

Presented the following identification to verify his/her identity:

\_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(NOTARY SEAL)

FORM 18