

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

**APPLICATION FOR REFUND OF PENSION FROM POLICE PENSION FUND
OF DES PLAINES, ILLINOIS**

(This form must be completed by police officers with at least 8, years but less than 20 years, of creditable service. Form 13 may supplement this Form 9.)

To the Board of Trustees of the Des Plaines Police Pension Fund:

I am a member of the Des Plaines Police Department assigned to duty as a **(rank)** _____.

I am _____ years of age and have performed police duty, as a member of said Police Department for a period of _____ year(s), _____ month(s), _____ day(s).

As I have creditable service of more than 10 years, but less than 20 years, and am leaving the Department, I make the following choice of the options available to me under Section 3-111 and Section 3-124 of the Pension Code.

- (1) I wish the total deductions made from my salary during my employment returned to me as provided in Section 3-124 and I am aware of and waive forever any claim to a pension under Section 3-111 unless I return to service in the future and qualify at that time.

Date

Applicant

- (2) I wish the total deductions made from my salary during my employment to be left in the pension fund and I request that I receive the pension to which I may be entitled under Section 3-111.

Date

Applicant