

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

APPLICATION FOR RETIREMENT/DISABILITY PENSION

Des Plaines, Illinois _____, _____

TO THE BOARD OF TRUSTEES OF THE POLICE PENSION FUND:

I am a member of the regular police force of the City of Des Plaines, Illinois assigned to duty as a **(rank)** _____.

I received my probationary appointment _____, _____.

I am _____ years of age and have performed police duty, as a member of Des Plaines Police Department for a period of _____ years, _____ months, and _____ days.

My family consists of my spouse whose name is

_____ and the following named children:

_____	DOB	_____	DOB
_____	DOB	_____	DOB
_____	DOB	_____	DOB

My retirement pension is subject to a Qualified Illinois Domestic Relations Order:
Yes ___ No ___ (If "yes", please attach a copy of the court's order)

I hereby make application for a retirement/disability pension [**circle one**], to be effective as of and after _____, _____.

STATE OF ILLINOIS)
COUNTY OF _____) ss.

_____, the Petitioner, being duly sworn, says that he/she resides at _____, that he/she has read the foregoing Petition, and that the Petition is true in all respects.

Petitioner
Subscribed and sworn to before me on _____, _____.

Notary Public

APPLICATION FOR RETIREMENT/DISABILITY PENSION

Page Two

--- APPLICANT - STOP HERE --
-- SECTIONS BELOW AND ON OTHER PAGE ARE FOR OFFICE USE ONLY ---

Certified Service: _____ Years _____ Months _____ Days

I hereby certify that the records of this department show the above statement to be correct and true as far as the same relates to age and duration of service in the Police Department.

Signed at Des Plaines, Illinois, on _____, _____.

Chief of Police or Chief's Designee

\$ _____ per year is the amount of salary attached to the rank of _____ (Disability); or \$ _____ is the amount of salary received for the twelve months immediately prior to the applicants' retirement, _____, _____.

I, _____, Secretary of the Police Pension Fund, do hereby certify under oath that the above statement as to amount of salary and service is true as shown by the records in my office.

Secretary of Police Pension Fund

Subscribed and sworn to before me on _____, _____.

Notary Public

APPLICATION FOR RETIREMENT/DISABILITY PENSION
Page Three

* * *

ACKNOWLEDGMENT OF BENEFITS GRANTED BY POLICE PENSION FUND

PENSIONER _____

TYPE OF PENSION BENEFIT _____ RATE % _____

DATE BENEFITS BEGAN _____ YEARS GRANTED _____

MONTHLY BENEFIT \$ _____ YEARLY BENEFIT _____

AMOUNT CONTRIBUTED TO FUND BY PENSIONER \$ _____

Details and specifics pertaining to taxability of benefits should be obtained from a qualified tax advisor. This application was approved at the meeting of the Board of Trustees of the Police Pension Fund held on:

Date

Respectfully submitted,

Secretary, Police Pension Fund

(Note: The Board may substitute a letter or other form of communication for this page.)

Page 3 of 3