

**BOARD OF TRUSTEES OF THE DES PLAINES POLICE PENSION FUND  
OF THE CITY OF DES PLAINES, ILLINOIS  
CHANGE IN BENEFIT INFORMATION REQUEST FORM**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(no P.O. Box)

City/State/Zip: \_\_\_\_\_

Telephone: Area Code: \_\_\_\_\_ Number \_\_\_\_\_

Fax: Area Code: \_\_\_\_\_ Number \_\_\_\_\_

E-Mail: \_\_\_\_\_

The undersigned being 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 benefit I am currently receiving, and request:

(MARK ALL APPLICABLE BOXES)

- That my address on the records of the Des Plaines Police Pension Fund be changed to the address listed above.
- That my direct deposit information be changed as follows:

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

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

Bank ID Number: \_\_\_\_\_

**PLEASE ENCLOSE A COPY OF A VOIDED CHECK FROM THIS ACCOUNT**

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

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_ 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

(SEAL)