

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

**REQUEST FOR CERTIFIED STATEMENT OF ACCUMULATED
CONTRIBUTIONS, ACCRUED BENEFITS AND OTHER INTERESTS**

I HEREBY REQUEST that the Des Plaines Police Pension Board provide a statement of my financial interests in the Fund as required by 40 ILCS 5/1-119 (h) (1).

Signature of Police Officer

Date: _____, _____

Printed Name of Police Officer: _____

* * * * *

FOR OFFICE USE ONLY:

Received this request on _____, _____.

Sent to Board Accountant for processing on _____, _____.

As required by 40 ILCS 5/1-119 (h) (1), the Des Plaines Police Pension Board certifies that the above-named officer has the following financial interests in the Fund as of the date the Fund received this request:

Accumulated Contributions: \$ _____

Accrued Benefits: _____

Other Interests, if any: _____

The Board requests that FORM 17 be used for any Consent to issuance of a QILDRO.

Board Secretary

Date: _____, _____