

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

**STATEMENT OF FINANCIAL INTEREST
IN RESPONSE TO QILDRO FOR PAYMENT OF A
PERCENTAGE OF A RETIREMENT BENEFIT TO ALTERNATE PAYEE**

(QILDRO received **BEFORE** police officer's effective date of retirement)

Name of Police Officer: _____

QILDRO received on: _____, _____

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

(i) Officer's date of initial membership in the Fund: _____
(Month/Date/ Year)

(ii) Amount of permissive service officer accumulated in the Fund from the date of initial membership through the most recent date available (____/____/____) prior to the Fund's receipt of the QILDRO:
_____ Years _____ Months _____ Days

Amount of regular service officer accumulated in the Fund from the date of initial membership through the most recent date available (____/____/____) prior to the Fund's receipt of the QILDRO:
_____ Years _____ Months _____ Days

(iii) Gross amount of officer's non-reduced monthly annuity benefit earned, including permissive service and upgrades purchased by officer, calculated as of the most recent date available (____/____/____) prior to the Fund's receipt of the QILDRO, and the earliest date the officer may be eligible to commence the benefit: _____

Permissive service purchased: _____

Upgrades purchased: _____

(iv) Gross amount of officer's refund or partial refund, including interest, calculated as of the most recent date available (____/____/____) prior to the Fund's receipt of the QILDRO: _____

(v) Gross amount of death benefits payable to officer's death benefit beneficiaries or estate, including interest, assuming officer died on the date or a date as close as possible to the date the Fund received the QILDRO, calculated as of the most recent date available (____/____/____) prior to the Fund's receipt of the QILDRO:

(vi) Has officer notified the Fund of the date the officer intends to retire?

If so, what is the date of retirement?

_____/_____/_____
(Month/Date/ Year)

If so, what is the date that the Fund reasonably believes will be the officer's effective date of retirement?

_____/_____/_____
(Month/Date/ Year)

Board Secretary

Date: _____,
