

**BOARD OF TRUSTEES OF THE CHAMPAIGN POLICE PENSION FUND
APPLICATION FOR PENSION BENEFITS**

Application must be completed in its entirety, dated, signed by Applicant and Notarized, and certified by the Chief of Police.

_____ Applicant Name

_____ Employee Number

_____ Address

_____ Social Security Number

_____ City, State, Zip

Type of pension applying for (40 ILCS 5/3-111): Immediate Deferred

Effective Date of pension: _____

Date of Appointment to the Department: _____

Present Rank: _____

Present Salary: _____
Annual

Date of Birth: _____ Age: ____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Spouse's Maiden Name: _____

Spouse's Date of Birth: _____ Place of Birth: _____

Names of Dependent Children:

- 1. _____ Date of Birth: _____
- 2. _____ Date of Birth: _____
- 3. _____ Date of Birth: _____
- 4. _____ Date of Birth: _____

I, _____ hereby submit this application for pension from the Champaign Police Pension Fund Board as of the date set forth above. I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

_____ Date

_____ Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

I certify that from the official records of the Police Department, the above information regarding length of service and salary are true and correct.

_____ Date

_____ Police Chief