

APPLICATION FOR REFUND OF PENSION CONTRIBUTIONS
CHAMPAIGN POLICE PENSION FUND

Applicant's Name _____ Phone Number _____

I am/was a member of the Champaign Police Department assigned to a duty as a _____.

I received my probationary appointment on _____, regular on _____.

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

My last day of work is/was _____.

PLEASE MARK ONE OF THE TWO FOLLOWING OPTIONS:

Lump Sum Distribution. I understand that 20% of my refund will be deducted for Federal taxes and 10% for early withdrawal if I am under age 59 ½. Please send my refund check to me at the following address:

Direct "rollover" to an Individual Retirement Account or other qualified pension plan that accepts such contributions. I understand that my refund check must go directly to the new Fund. I will make sure the necessary paperwork is done for this transaction. Please send my refund check to the following Fund:

Type of Fund _____

I wish the total deductions made from my salary during my employment be returned as provided in Section 3-124. I am aware of and waive forever any claim to a pension under Section 3-111 unless I return to service in the future and meet requirements at that time.

(Signature of Petitioner)

(Printed Name)

(Address)

(City, State, Zip)

(Date)

(Phone)