City of Chicago Annuity Election

Pursuant to the provisions of Public Act 100-0023

| Name | Employee Number |
|----------------------|---|
| | |
| | |
| | |
| Requirem Requirem | I acknowledge that I am aware of the Alternative Retirement/Contribution ents and <u>I irrevocably elect</u> to be subject to the Alternative Retirement/Contribution ents. I understand that by making this election my employee contributions are subject to accordance with the requirements of Public Act 100-0023. |
| You r | nust affirmatively select the box applicable to the Alternative Retirement/Contribution Requirements, below, in order to be subject to that option. |
| | I elect to be subject to the Alternative Retirement/Contribution Requirements |
| — Pr | int Name |
| | |
| Si | gnature |
| | |
| Da | ate |
| | |
| | |
| Return th | is form postmarked no later than November 15, 2017 to: |
| Ci | ty of Chicago |
| D | epartment of Finance –Annuity Election |

121 N. LaSalle Street, Room 700

Chicago, IL 60602