



# DESIGNATION OF BENEFICIARY

**FORM 105**  
(REV. 8/2023)

Chicago Teachers' Pension Fund

425 S. Financial Place, Suite 1400 | Chicago, IL 60605-1000  
312.641.4464 | Fax: 312.641.7185 | www.ctpf.org

The Designation of Beneficiary form allows CTPF members to designate individuals who will be paid any available Death Benefit pursuant to Sections 17-123 and 17-124 of the Illinois Pension Code (40 ILCS 5/17-123 and 124) at their death. It does not affect or determine survivor benefits, which are only payable to an eligible spouse or minor child. This form becomes effective when the original signed notarized form is received and approved by the CTPF office and should be completed at least every 5 years, or if a life changing event has occurred. CTPF will not accept forms with any alterations.

## BENEFITS PAYABLE UPON DEATH

Depending on the member's status at the time of death, CTPF provides the following lump-sum benefits to the beneficiaries of a deceased member:

- A lump-sum death benefit,
- A refund of contributions that the member made to the Fund, which are remaining at the time of the member's death, and
- Any outstanding unpaid benefits due to the member.

## INSTRUCTIONS:

### SECTION 1: MEMBER INFORMATION

Please provide all requested applicable information.

### SECTION 2: PRIMARY BENEFICIARY INFORMATION

Enter the requested information for each beneficiary. It is very important to keep your beneficiary up-to-date. The address, email address and telephone number is important for locating your beneficiary and paying benefits.

**HOW ARE BENEFITS PAID?** Death benefits are paid to:

- The primary beneficiary designated by the member on the latest Designation of Beneficiary form on file with CTPF.
- The alternate beneficiary designated by the member, if no primary beneficiary survives.
- The member's estate, if no primary or alternate beneficiary survives.

**WHO CAN BE NAMED AS A BENEFICIARY?** Any person or trust may be designated as a primary or alternate beneficiary. If you name a trust, provide the legal name of the trust and/or trustee, the trust number, the date established, and the contact information for the trust. A creditor (i.e. bank, credit union or loan company) **MAY NOT** be named as a beneficiary.

**ADDITIONAL BENEFICIARIES:** If you wish to name more than four primary beneficiaries, cross out the words "Alternate Beneficiary" in section 3, and write your initials and continue. If additional pages are necessary, then each page needs to be properly notarized.

**NAMING A MINOR:** Death benefits payable to a minor are paid in care of the minor's guardian or custodian under the Illinois Uniform Transfers to Minors Act.

**DISTRIBUTION OF BENEFITS:** If more than one person is named as beneficiary, all will share equally in the benefit unless specific shares (percentages) are written in the "% Share" box. If you enter percentages, the total must equal 100%. If specific shares are written in, the benefit will be distributed as directed.

- If a named beneficiary does not survive, his or her shares will be distributed among any surviving beneficiaries.

### SECTION 3: ALTERNATE BENEFICIARY INFORMATION

Alternate beneficiaries receive death benefits if no primary beneficiary survives. Follow the directions in section 2.

### SECTION 4: SIGNATURE AND NOTARIZATION *(Remote Notarization Available)*

Sign and date the form in the presence of a notary or schedule a remote notarization session with CTPF. The notary signing this form may not be named as a beneficiary.

**RETURN THE FORM:** CTPF will not accept a faxed or e-mailed version of this form. Make a copy for your records and send the original to:

Chicago Teachers' Pension Fund  
425 S. Financial Place, Suite 1400  
Chicago, IL 60605-1000

**Call Member Services, 312.641.4464, if you have questions.**

**REMOTE NOTARIZATION AVAILABLE:** Member Services offers remote notarization for CTPF documents. Call or email Member Services at 312.641.4464 or [memberservices@ctpf.org](mailto:memberservices@ctpf.org), and request a video conference for notarization.

**CONFIDENTIALITY:** The information contained on your form is confidential and will not be disclosed to anyone except as required by law. If you cannot locate a copy of this form or recall your named beneficiary, contact CTPF.

**You can also find this form on our website:**  
[www.ctpf.org/member-forms-information](http://www.ctpf.org/member-forms-information)



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<b>Legal Name: First</b>		M.I.	Last		<b>Last 4 digits SSN or Member ID:</b>
<b>Member's Date of Birth:</b> (MM/DD/YY)		<b>Mailing Address: Street</b> <i>Include apt. or unit no.</i>			
City	State	Zip	<b>Telephone Number:</b> (with area code)		<b>Email:</b>
<b>Marital Status:</b> <input type="checkbox"/> never married <input type="checkbox"/> married/civil union <input type="checkbox"/> divorced <input type="checkbox"/> widowed		<b>Marriage/Civil union date:</b> (MM/DD/YY)		<b>Spouse's Date of Birth:</b> (MM/DD/YY)	
<b>Spouse's Name: First</b>		M.I.	Last		<b>Spouse's SSN:</b>

## SECTION 2: Primary Beneficiary/ies receive CTPF death benefits first % must add to 100

<b>Name:</b>		<b>Date of Birth:</b> (MM/DD/YY)		<b>Relationship:</b>		<b>% of share:</b>
<b>Address: Street</b>	City	State	Zip	<b>Phone Number:</b>	<b>Email:</b>	
<b>Name:</b>		<b>Date of Birth:</b> (MM/DD/YY)		<b>Relationship:</b>		<b>% of share:</b>
<b>Address: Street</b>	City	State	Zip	<b>Phone Number:</b>	<b>Email:</b>	
<b>Name:</b>		<b>Date of Birth:</b> (MM/DD/YY)		<b>Relationship:</b>		<b>% of share:</b>
<b>Address: Street</b>	City	State	Zip	<b>Phone Number:</b>	<b>Email:</b>	
<b>Name:</b>		<b>Date of Birth:</b> (MM/DD/YY)		<b>Relationship:</b>		<b>% of share:</b>
<b>Address: Street</b>	City	State	Zip	<b>Phone Number:</b>	<b>Email:</b>	

## SECTION 3: Alternate Beneficiary/ies receive death benefits if no primary beneficiary survives % must add to 100

<b>Name:</b>		<b>Date of Birth:</b> (MM/DD/YY)		<b>Relationship:</b>		<b>% of share:</b>
<b>Address: Street</b>	City	State	Zip	<b>Phone Number:</b>	<b>Email:</b>	
<b>Name:</b>		<b>Date of Birth:</b> (MM/DD/YY)		<b>Relationship:</b>		<b>% of share:</b>
<b>Address: Street</b>	City	State	Zip	<b>Phone Number:</b>	<b>Email:</b>	

## SECTION 4: SIGNATURE & NOTARIZATION

Signature of: \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

CTPF Member  Agent/Power of Attorney  Guardian

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

*Date (MM/DD/YYYY)                      Name of CTPF Member*

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commission Expiration Date

(Seal or Stamp)

\*IF SEAL OR STAMP IS MISSING APPLICATION IS NOT VALID