



Chicago Teachers' Pension Fund

# DESIGNATION OF BENEFICIARY

203 North LaSalle Street, Suite 2600 | Chicago, IL 60601-1231  
Phone: 312.641.4464 | Fax: 312.641.7185 | www.ctpf.org

**FORM  
105**  
(REV. 7/2019)

The Designation of Beneficiary form allows CTPF members to designate individuals who will be paid any available lump-sum death benefits 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 and/or
- A refund of contributions that the member made to the Fund, which are remaining at the time of the member's death.

### 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 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

Sign and date the form in the presence of a notary. The notary signing this form may not be named as a beneficiary.

**RETURN THE COMPLETED ORIGINAL:** 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  
203 North LaSalle Street, Suite 2600  
Chicago, IL 60601-1231

**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)

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



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**FORM 105**  
(REV. 7/2019)

<b>Member's 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: \_\_\_\_\_  
 CTPF Member  Agent/Power of Attorney  Guardian

DATE (MM/DD/YEAR) \_\_\_\_\_

(Seal or Stamp)

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public in and for the County and State set forth above, do hereby certify that \_\_\_\_\_ personally known to me to be the same person whose name is subscribed above, appeared before me this day in person and signed this document in my presence as a free and voluntary act, for the uses and purposes set forth by law.

NOTARY PUBLIC

Given under my hand and Notary Seal, This \_\_\_ day of \_\_\_ 20\_\_.

\_\_\_\_\_  
MY COMMISSION EXPIRES

\*IF SEAL OR STAMP IS MISSING  
DESIGNATION IS NOT VALID.