



# APPLICATION FOR REFUNDED SERVICE CREDIT

When you received a CTPF refund of contributions, you forfeited your CTPF service credits. You may repay the refund to have that service reinstated, provided you meet the requirements listed below. **Please read the requirements, the instructions, and the application form carefully.** Complete all information as requested. Incomplete forms will necessitate additional communication and delay the processing of your request.

## REQUIREMENTS

- Your application to repay refunded service credit must be received by CTPF while you are currently employed and contributing to CTPF or another Illinois Reciprocal system.
- Payment must be completed before you receive your first pension check from CTPF or a retirement system covered by the Illinois Retirement Systems Reciprocal Act (if retiring under reciprocity).
- To reinstate refunded service you must have two or more years of **contributing service** under CTPF or another retirement system covered by the Illinois Reciprocal Act and be a current contributor to that system. This service must have been earned subsequent to the refund.
- If you decide to reinstate the refunded service you must pay for the entire refund, plus interest. You cannot establish partial refunds..

## PAYMENT OF CONTRIBUTIONS AND INTEREST

- Cost to purchase refunded service credit is equal to the total amount of the refund received plus 5% interest, compounded annually from the date of the refund to the date of repayment. **This service credit will not be added to your account until you have paid the entire bill.**
- CTPF will mail you a Service Purchase Contract which offers the following payment plan options:
  - Lump-sum option — applicant pays the total cost with a single payment.
  - Installment payment option — applicant pays a series of installment payments directly to CTPF.
  - A combination of the two payment options.
- You may pay for this service through a rollover from a traditional IRA (NOT a ROTH IRA), a 401, 403(b), 457(b), or other qualified pension plan. **Please complete and submit Form 435 Certification for Tax-deferred Rollover** for determination of eligibility to rollover funds.

## INSTRUCTIONS FOR COMPLETING THE FORM

### SECTION 1 MEMBER INFORMATION

- Please provide your legal name, address, social security number, etc.
- Optional: your anticipated retirement date.
- Former Name: If you previously participated in CTPF under a different name, please provide it here.

### SECTION 2 RETIREMENT SYSTEM INFORMATION

- Check the system in which you are currently contributing and enter the date you joined that system.

### SECTION 3 REFUNDED CTPF SERVICE CREDIT

- If you received more than one refund, list all of the periods of employment and schools, and the approximate year(s) you received a refund.

### SECTION 4 MEMBER CERTIFICATION

- Provide requested information, sign, and date.

Call Member Services, (312) 641-4464, if you have questions regarding the completion of this application.



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**FORM 635**  
(rev. 11/2010)

PLEASE PRINT OR TYPE. Read attached Instructions before completing application

## SECTION 1 – MEMBER INFORMATION

<b>Legal name</b>	first	middle initial	last	suffix	Last 4 digits of SSN	
<b>Mailing address</b>	street		apt. or unit no.	city	state	zip code
Telephone number (with area code)			Date of birth		<b>Optional:</b> anticipated retirement date	
Former name			E-mail address			

## SECTION 2 – RETIREMENT SYSTEM INFORMATION INDICATE SYSTEM/FUND IN WHICH YOU ARE A CURRENT CONTRIBUTOR:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chicago Teachers' Pension Fund     | <input type="checkbox"/> Judges' Retirement System              | <input type="checkbox"/> Municipal Employees Benefit & Annuity Fund                                    |
| <input type="checkbox"/> Illinois Municipal Retirement Fund | <input type="checkbox"/> Cook County Annuity & Benefit Fund     | <input type="checkbox"/> Cook County Forest Preserve Annuity & Benefit Fund                            |
| <input type="checkbox"/> General Assembly Retirement System | <input type="checkbox"/> Park Employees' Annuity & Benefit Fund | <input type="checkbox"/> Metro Water Reclamation Retirement System (Chicago Sanitary Employees' Trust) |
| <input type="checkbox"/> State Employees' Retirement System | <input type="checkbox"/> State Universities Retirement System   |  |
| <input type="checkbox"/> State Teachers' Retirement System  | <input type="checkbox"/> Laborers' Annuity & Benefit Fund       |  |

Date you began contributing to your current retirement system: \_\_\_\_\_

## SECTION 3 – REFUNDED CTPF SERVICE

School/Employer name	Coverage period	Year received separation refund check

## SECTION 4 – MEMBER CERTIFICATION

I hereby certify that:

- I have re-entered employment with an employer covered under the Chicago Teachers' Pension Fund or under a retirement system covered by the Illinois Reciprocal Act, **and**
- I am a current contributor to that system and **have rendered two or more years of contributing service** to the retirement system, **and**
- I now request that CTPF advise me of the payment required to reinstate the refunded service credits I accumulated under the Chicago Teachers' Pension Fund and forfeited by acceptance of a separation refund.

<b>Member Signature</b>	<b>Date</b>
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