



Chicago Teachers' Pension Fund

REFUND CHECKLIST

FORM 804

(rev. 12/2015)

203 North LaSalle Street, suite 2600 | Chicago, Illinois 60601-1231 | Phone: 312 641 4464 | Fax: 312 641 7185 | www.ctpf.org

CHECKLIST FOR SUBMITTING THE APPLICATION FOR CTPF REFUND

CTPF must have your completed application with all required forms and documents to process your application.

REQUIRED DOCUMENTS AND IDENTIFICATION

Please note: CTPF will not process your application until all required forms have been received and your employer confirms your resignation.

The following documents must be included in your application:

FORM 107

- ADDRESS CONFIRMATION/UPDATE:
completed and signed

FORM 805

- APPLICATION FOR REFUND OF CONTRIBUTIONS:
completed, signed, and notarized

FORM 810

- PENSION FORFEIT ACKNOWLEDGEMENT:
completed

FORM 840

- DISTRIBUTION/ROLLOVER CERTIFICATION – SEPARATION REFUND:
completed

REQUIRED IDENTIFICATION

- PHOTO IDENTIFICATION: A copy of your photo identification must be included with this application.

Acceptable photo identification includes a valid driver's license, state identification, or current passport

ADDRESS UPDATES

Payment will be mailed to the most recent address on file in our system. If your address changes after filing this application, make sure you submit a change of address form to CTPF. A copy of CTPF Form 107 Address Confirmation/Update is included with this packet.

Member's signature	SSN	Date
Reviewer's signature		Date



Chicago Teachers' Pension Fund

ADDRESS CONFIRMATION/UPDATE

FORM 107

(rev. 01/2015)

203 North La Salle Street, suite 2600 | Chicago, Illinois 60601-1231 | Phone: 312 641 4464 | Fax: 312 641 7185 | www.ctpf.org

ADDRESS CONFIRMATION/UPDATE

Please complete this form to verify your current address and contact information with CTPF.

SECTION 1 – MEMBER INFORMATION

Legal name	first	middle initial	last	Last four digits of SSN
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CTPF STATUS (check one)	<input type="checkbox"/> Retired	<input type="checkbox"/> Active teacher/administrator	<input type="checkbox"/> Inactive member
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Telephone	home	cell	Birthdate (mm/dd/yy)
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e-mail

SECTION 2 – PERMANENT HOME ADDRESS (P.O. Box addresses not acceptable)

street				apt. or unit no.
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city	state	zip	country
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Effective date

SECTION 3 – OTHER MAILING ADDRESS

Complete this section if you want your mail sent to a location other than your permanent address. If your preferred mailing address is your permanent address, leave this section blank and sign below.

Address type (check the address type that applies): mailing address temporary (snowbird)

street				apt. or unit no.
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city	state	zip	country
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If this address is a temporary change, please provide effective dates:

beginning date	ending date
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Signature	Date
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INSTRUCTIONS FOR COMPLETING THE REFUND APPLICATION

FORM 805

(rev. 12/2015)

Chicago Teachers' Pension Fund

203 North LaSalle Street, suite 2600 | Chicago, Illinois 60601-1231 | Phone: 312 641 4464 | Fax: 312 641 7185 | www.ctpf.org

APPLICATION FOR REFUND OF CONTRIBUTIONS

Please read this form carefully and complete all information as requested. Please print clearly or type all information. Return the application packet including completed copies of CTPF Forms 804, 805, 810, and 840 along with the required documentation to CTPF at the address above. An incomplete packet will delay the processing of your refund.

REFUND OF CONTRIBUTIONS

- This application is for a total refund of your CTPF contributions.
- The Illinois law requires that in order for a refund request to be considered valid, CTPF must verify that:
 - 1) you are not currently employed by CPS or an affiliated Charter School and;
 - 2) you have not been employed by either for at least 60 days.

Your termination must be verified by your employer before a refund can be issued.

- **By accepting a refund, you forfeit your right to all CTPF benefits including a future CTPF pension.** If you return to service with CTPF or another Illinois public pension system and establish a minimum of two years of contributing service, you can reinstate forfeited pension credits by repaying the refund with interest.
- If you are forfeiting 5 or more years of service and contributions, you must complete CTPF Form 810, Waiver of Future Benefits.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

FORM 804

APPLICATION CHECK LIST

This form lists all the forms and documentation required to process your application. An incomplete application cannot be processed and will delay your refund.

FORM 805

SECTION 1 – MEMBER INFORMATION

Enter the requested information. Please print clearly.

SECTION 2 – ACKNOWLEDGEMENT AND NOTARIZATION

Sign and date this form and have it notarized. Your application will be returned and your refund will be delayed if this document does not bear a valid notarization.

You must include a copy of your photo identification with this application. Acceptable documentation includes a current driver's license, state identification, or current passport.

FORM 810

PENSION FORFEIT ACKNOWLEDGEMENT

This form confirms that you are voluntarily forfeiting your service credit and any possible future benefits.

FORM 840

DISTRIBUTION / ROLLOVER CERTIFICATION

This form gives CTPF instructions for the payout of your refund. The minimum amount for a rollover of funds is \$200.

If you are age 70 ½ or older, CTPF is required to withhold a minimum distribution amount, based on IRS guidelines. This amount is taxable and must be paid to you in the form of a cash distribution.

If you intend to rollover all or a portion of your distribution, **your financial institution must complete section 3 of Form 840.**

WITHHOLDING

CTPF is required by federal law to withhold 20% of the taxable portion of your refund not directly rolled over to an IRA or other qualified account/plan. Any portion that was previously taxed will be paid directly to you without withholding.

If you reside in a foreign country, mandatory 30% tax is withheld unless funds are rolled over to an individual retirement account or qualified plan.

See the Special Tax Notice Regarding Plan Payments included with this packet for more withholding information.

Call Member Services, 312.641.4464, if you have questions regarding the completion of this application.



APPLICATION FOR REFUND OF CONTRIBUTIONS

FORM 805
(rev. 12/2015)

Chicago Teachers' Pension Fund

SECTION 1 – MEMBER INFORMATION

Legal name	first	middle initial	last	suffix	Last 4 digits SSN
Mailing address	street			apt. or unit no.	
city	state	zip		E-mail address	
Telephone number (with area code)	School/position			Effective date of resignation	

SECTION 2 – CERTIFICATION

I, _____, certify that I no longer work for a Chicago Public School or Chicago charter school in any capacity and that I do not intend to apply for reemployment under any conditions which would reinstate me as a member of the Chicago Teachers' Pension Fund (CTPF).

I hereby request a refund of all contributions made in my name to CTPF in accordance with the law governing such payments. I agree that by acceptance of such refund, I shall have no further interest or claim against CTPF.

I understand that if I return to service with CTPF or another Illinois public pension system and establish a minimum of 2 years of contributing service, I can reinstate forfeited pension credits by repaying the refund with interest.

Having been fully advised and cautioned, and with full knowledge of the penalty under the law for any false statement, or for falsifying any record or report in an attempt to defraud the fund, I hereby certify that all of the above statements are true and correct.

Member signature (must be acknowledged before a Notary)	Date
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ACKNOWLEDGEMENT

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, _____ personally appeared before me and known to me to be the individual who executed the forgoing instrument, and he or she acknowledged to me that he or she executed the same for the uses and purposes set forth by law, and that the statements contained herein are true and correct.

(NOTARY SEAL)

Notary signature _____

(If SEAL IS MISSING, BENEFIT CANNOT BE PAID.)

Notary Name and Title _____ Expiration Date of Commission _____

IMPORTANT: A copy of your valid drivers license, state identification, or current passport must accompany this application.



Chicago Teachers' Pension Fund

PENSION FORFEIT ACKNOWLEDGEMENT

FORM 810

(rev. 12/2015)

1. Name	first	middle initial	last	suffix	2. Last 4 digits of SSN

Pension Forfeit Acknowledgement

The decision to accept a refund and forfeit a pension is a personal one, and you should consider the pros and cons before making your decision. This form confirms to the Chicago Teachers' Pension Fund that you have fully considered and understand your retirement options and have voluntarily decided to revoke any possible future pension benefit.

Accepting a Refund

When you accept a refund of contributions, you forfeit all service credit and your right to a pension for all employment periods. A refund includes all contributions in your account. You also waive all future CTPF retirement benefits, including:

- a survivor pension for your eligible dependents
- a lump-sum death benefit for your designated beneficiaries
- access to CTPF's post-retirement health insurance programs

Repayment of a Refund

If you return to work at a CTPF employer or an Illinois reciprocal employer and earn at least two additional years of service credit, you may choose to repay a refund and reinstate forfeited service. You must repay the entire refund, plus interest.

CONFIRMATION OF MEMBER'S INTENT

Please **initial** each statement to acknowledge that you have been informed of and understand:

_____ I fully understand my retirement options.

_____ I choose to accept a refund and understand that I will forfeit my future benefits including a monthly pension, a survivor pension, lump-sum death benefits, and access to CTPF's post-retirement health insurance programs.

_____ I understand that upon acceptance of a refund, I have no further interest in or claim against CTPF.

Signature	Date



DISTRIBUTION/ROLLOVER CERTIFICATION - SEPARATION REFUND

FORM 840
(rev. 12/2015)

SECTION 1 - INFORMATION MUST BE COMPLETED BY CTPF MEMBER

Legal name	first	middle initial	last	suffix	Social security number
Mailing address	street				apt. or unit no.
city	state	zip	Telephone number (with area code)		

TYPE OF DISTRIBUTION: Termination Refund

SECTION 2 - Choose Payment Distribution -- See the instruction sheet for more information.

- A.** Make the entire distribution payable to me, less required tax withholding. **See the withholding information on the instruction sheet for additional information.**
- B.** Roll over the eligible TAXABLE amount and make payable to the IRA or qualified plan named below. Any non-taxable portion will be paid directly to me. If you are age 70 1/2 or older, CTPF is required to withhold a minimum distribution amount, based on IRS guidelines. This amount is taxable and must be paid to you in the form of a cash distribution. (The minimum rollover amount is \$200.)

- C.** Roll over _____% **OR** \$_____ of the eligible TAXABLE amount. Enter either a percentage or a dollar amount. The percentage or dollar amount indicated will be rolled over to the IRA or qualified plan named below. (The minimum rollover amount is \$200.)

Any remaining TAXABLE balance will be paid to me, less 20% tax withholding as required by law; a previously taxed amount, if any, is not subject to 20% withholding. **See the withholding information on the instruction sheet for additional information.**

Member signature	Date
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IMPORTANT: THE INFORMATION REQUESTED BELOW MUST BE COMPLETED BY THE FINANCIAL INSTITUTION RECEIVING ROLLOVER FUNDS.

SECTION 3 - FINANCIAL INSTITUTION

CTPF is a qualified plan under section 401(A) of the Internal Revenue Code. A distribution/rollover check will be mailed to the address provided in this section.

FINANCIAL INSTITUTION NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME (PRINT) _____

CONTACT TITLE _____

ACCOUNT NUMBER _____

PHONE NUMBER _____

E-MAIL _____

ACCOUNT TYPE: (SELECT ONE)

- IRA 403(b)
 401 457
 ROTH IRA (mandatory 20% withholding)
 Other (explain) _____

I certify that this account is an individual retirement account or a qualified plan, and is eligible to receive this rollover distribution.	
Financial Institution Authorized Signature	Date