

ELECTION OF DEFERRED VESTED OLD-AGE RETIREMENT ALLOWANCE

I understand that, since I had completed ten (10) years or more of continuous participation in the Retirement Plan For CTA Employees prior to becoming separated from the service of the Authority, and since I am not eligible for any other type of Retirement Allowance under the Retirement Plan for Chicago Transit Authority, I am entitled to a deferred vested old-age retirement allowance. I further understand that such entitlement is subject to all the provisions of the Plan, and specifically to section I1 thereof.

I further understand that application for commencement of payment of the deferred vested old-age retirement allowance must be filed with the secretary of THE BOARD OF TRUSTEES not earlier than ninety (90) days prior to my sixty-fifth (65th) birthday, and that payment of such allowance will commence with the month next following the month in which I shall (i) attain the age of 65 or (ii) file such application, whichever is later.

Pursuant to Paragraph 11.2 of the Plan, I hereby elect to receive a vested old-age retirement allowance and elect NOT to receive a refund of my contributions under the Plan, with interest, as otherwise provided in Paragraph 15.2 of the Plan, except as such would be payable following my death.

Name: \_\_\_\_\_ Written Signature \_\_\_\_\_

Date of Employment \_\_\_\_\_ Date of Termination \_\_\_\_\_ Department \_\_\_\_\_

Location \_\_\_\_\_ Employee No. \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Last Day worked \_\_\_\_\_ Total Service \_\_\_\_\_ Date of Birth \_\_\_\_\_

Elected Single Sum Refund \_\_\_\_\_ Waived Monthly Vested Allowance \_\_\_\_\_

**NOTARIZATION (Notarization needed only if application is submitted by mail.)**

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

Signed (or subscribed or attested) before me on \_\_\_\_\_

(date) by: \_\_\_\_\_

(name of person).

(seal)

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

\_\_\_\_\_  
Signature of Witness

**Distribution:**

- Original - Pension File
- Copy - Employee
- Copy - Personnel File