



PLEASE COMPLETE AND RETURN **NOV 3 1 2023**

MUNICIPAL EMPLOYEES' ANNUITY AND BENEFIT FUND OF CHICAGO
321 N. Clark Street - Room 700
Chicago, Illinois 60654
Phone: (312) 236-4700

MEMBERSHIP RECORD

INSTRUCTIONS:

Each member or applicant for membership is required to complete this form. The form must be completed in ink. This is a permanent record and must be delivered in good condition.

You should notify the FUND promptly of any change in your beneficiary.

Please Print

Male
 Female

1. Name in full BRANDON J JOHNSON
First Name MI Last Name

2. Address [REDACTED]
Chicago, IL Zip Code 60644

3. Title of your present position MAYOR OF CHICAGO

4. Department Office of the Mayor Pay Roll No. 1000

5. Give date when you FIRST entered the service of the City or Board of Education 05 15 23
Month Day Year

6. Social Security Number [REDACTED]

7. Date of birth [REDACTED] 1976
Month Day Year

NOTE: You must give the correct date of your birth if you wish to receive proper benefits from this Fund. If in doubt, consult records. **Please enclose a copy of your birth certificate.**

8. Where were you born? ELGIN, IL

9. Give name of parents (Living or Deceased):
 Father's Name [REDACTED]
 Mother's (Maiden) [REDACTED]

MARITAL STATUS

10. Current marital status (please check current status):

Single Married Civil Union Divorced Widowed

CURRENT MARRIAGE:

If you are legally married or in a Civil Union (including legally separated from your spouse), you must complete questions 11 thru 14.

11. Full name of spouse _____

12. Social Security Number of spouse XXX-XX-_____

13. Spouse's date of birth _____
M

14. Date of marriage _____
M

PREVIOUS MARRIAGES:

15. How many times have you been married? 1 For each of your previous legal marriages, please complete all of the following:

FULL NAME OF SPOUSE (INCLUDE MAIDEN NAME)	MARRIAGE		DIVORCE		DEATH	
	DATE m/d/y	LOCATION (City, State)	DATE m/d/y	LOCATION (City, State)	DATE m/d/y	LOCATION (City, State)

CHILDREN

16. Have you any children of your blood? Yes No

17. If your answer to Question 16 is "YES", give names and dates of birth of all children of your blood.

Name	Social Security Number	Date of Birth
[REDACTED]		
_____	XXX-XX-	_____
_____	XXX-XX-	_____

18. Have you any legally adopted children: Yes _____ No X

19. If your answer to Question 18 is "YES", give names, dates of birth, and date and Court where adoption occurred.

SERVICE PRIOR TO MEMBERSHIP

20. I was employed by the City of Chicago or Board of Education of the City of Chicago as follows:

FROM	TO	TITLE	DEPARTMENT

You have the right, in most cases, to elect to pay for this past service and receive credit for annuity purposes.

21. Do you have credits in any of the following retirement systems that may be considered under the Illinois Retirement Systems Reciprocal Act? (Yes or No) YES If answer is "YES", indicate which system or systems.

- Chicago Teachers' Pension Fund
- County Employees' Annuity & Benefit Fund
- Forest Preserve District E. A. & Benefit Fund
- General Assembly Retirement System
- Illinois Municipal Retirement Fund
- Judges Retirement System
- Laborers' Annuity & Benefit Fund
- Metropolitan Water Reclamation Fund
- Park Employees' Annuity & Benefit Fund
- State Employees' Retirement System
- State Teachers' Retirement System
- State Universities Retirement System

22. Give telephone number at which you can be reached if it should be necessary to communicate with you:

Work () _____ Home () _____

Email Address: _____

I hereby certify that the answers to the foregoing questions are true and correct to the best of my knowledge, information and belief. Furthermore, if an application in writing is required to enable me to participate in the Fund this constitutes my application for membership. **NOTE: I UNDERSTAND THAT I CANNOT WITHDRAW FROM THE FUND UNLESS I BECOME SEPARATED FROM THE SERVICE FOR NOT LESS THAN 30 DAYS.**

Date _____ (Sign here) _____

Name in Full: _____

Be advised that under Illinois law (P.A. 97-0651) MEABF is required to report to the State's Attorney for Investigation any reasonable suspicion of any falsified statement or record or any fraudulent claim involving the MEABF. Under State law a person convicted of fraud may be subject to a fine of not more than \$25,000 or imprisonment for not more than five (5) years or both.

BENEFICIARY DESIGNATION

A member can, SUBJECT TO PRIOR RIGHT OF SPOUSE OR MINOR CHILDREN TO ANNUITY, designate a beneficiary to receive any amount which may become refundable in the event of death.

Unless a member designates a beneficiary to receive any amount refundable upon date of death the law provides that such refund shall be paid as follows:

1. To your children in equal parts to each.
2. To the executor or administrator of your estate.
3. To your heirs.

Members who wish to name a beneficiary should complete the form below.

INSTRUCTIONS:

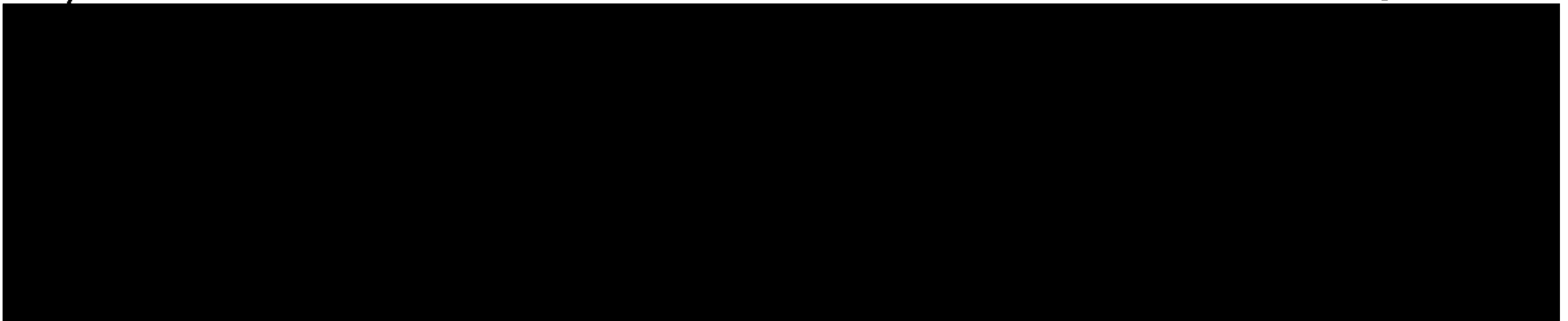
- You may designate one person or as many persons as you wish.
- Two or more persons will receive equal shares.
- This form **MUST BE NOTARIZED** to be valid.
- The most recent beneficiary form filed with the Fund Office will take precedence over all other forms on file.

(MUST BE NOTARIZED)

DESIGNATION OF BENEFICIARY FOR REFUND

In accordance with the provisions of the Act governing this Fund, Article 8, Section 8-170, I hereby designate the following named person(s) as my beneficiary of any amount which may become refundable upon my death to be paid in equal shares to each:

Name	Address	Relationship
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[Handwritten Signature]

Signature of Member

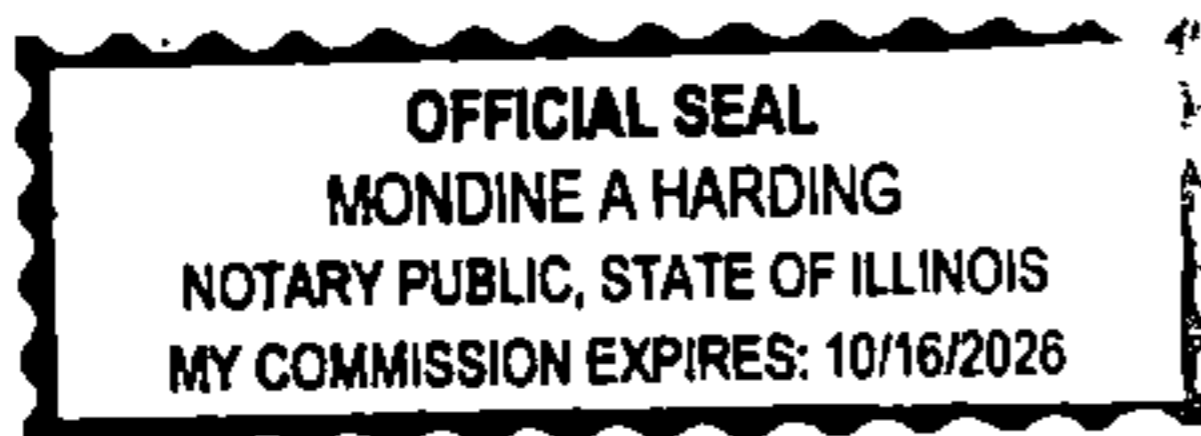
ALL PRIOR BENEFICIARY DESIGNATIONS THAT I HAVE MADE ARE HEREBY REVOKED.

STATE OF ILLINOIS } SS.
COUNTY OF

Subscribed and sworn to before me, a Notary Public in and for the County and State aforesaid, by the above

Brandon J. Johnson this 3rd day of August 2023

(SEAL)



[Handwritten Signature]
Notary Public