

**HOFFMAN ESTATES FIREFIGHTERS' PENSION FUND
APPLICATION FOR REFUND**

Please attach a copy of your letter of resignation.

Name: _____ Rank: _____

Age: _____ Date of appointment: _____, _____.

Member of the Fire Department for _____ year(s), _____ month(s).

Have you received disability pension payments? Yes [] No []

Please indicate any time periods that would not count as creditable service under Section 4-108 of the Illinois Pension Code (40 ILCS 5/4-108) (furloughs and leaves of creditable absence with no pay exceeding 30 days in any one year where no required contribution was made to the Fund): _____

As I have creditable service of less than 20 years and am leaving the Fire Department, I wish the total deductions made from my salary during my employment returned to me as provided in Section 4-116, and I am aware of and waive forever any claim to a pension under Section 4-109 of the Illinois Pension Code (40 ILCS 5/4-109), unless I return to service in the future and qualify at that time, or repay the refund with interest as provided in Section 4-109.3 of the Illinois Pension Code (40 ILCS 5/4-109.3).

Unless you specify otherwise, the refund will be issued to you with all applicable taxes deducted from the funds. Please transfer money to the following (be specific and include any Transfer of Assets form if you choose to roll-over your contributions into an IRA): _____

Institution: _____ Account No.: _____

If yes, please state the dates of this time period: From _____ to _____

Print Name

Signature of Applicant

Address

City, State, and Zip Code

Phone Number

Social Security Number

FOR BOARD USE ONLY

Received by _____ on _____
(date)

Signature

The foregoing application having been duly presented and considered by the Board of Trustees of the Hoffman Estates Firefighters' Pension Fund, the same is hereby Approved/Rejected (circle one) this _____ day of _____, _____.

**BOARD OF TRUSTEES OF THE HOFFMAN ESTATES
FIREFIGHTERS' PENSION FUND**

By: _____
President

By: _____
Secretary