

## APPLICATION FOR REFUNDED SERVICE CREDIT

FORM 635 (rev. 11/2019)

425 South Financial Place, Suite 1400 | Chicago, Illinois 60605-1000 | Phone: 312.641.4464 | Fax: 312.641.7185

## 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	PAYMENT OF CONTRIBUTIONS AND INTEREST		
☐ 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.	amount of the refund received plus 5% interest, compounded		
Payment must be completed before you receive your first	have paid the entire bill.		
pension check from CTPF or a retirement system covered by the Illinois Retirement Systems Reciprocal Act (if retiring under reciprocity).	☐ CTPF will mail you a Service Purchase Contract which offers the following payment plan options:		
☐ To reinstate refunded service you must have two or more years of <b>contributing service</b> under CTPF or another retirement	Lump-sum option — applicant pays the total cost with a single payment.		
system covered by the Illinois Reciprocal Act and be a current contributor to that system. This service must have been earned	Installment payment option — applicant pays a series of installment payments directly to CTPF.		
subsequent to the refund.	A combination of the two payment options.		
☐ If you decide to reinstate the refunded service you must pay for the entire refund, plus interest. You cannot establish partial refunds	☐ 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.		
SECTION 1 MEMBER INFORMATION	IG THE FORM		
☐ Please provide your legal name, address, social security no	umber, 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			
lacktriangle Check the system in which you are currently contributing a	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 and the approximate year(s) you received a refund.	of employment and schools,		
SECTION 4 MEMBER CERTIFICATION			
Provide requested information, sign, and date.			
Call Member Services, (312) 641-4464, if you have q	uestions regarding the completion of this application.		

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PLEASE PRINT OR TYPE. Read attached Instructions before completing application

SECTION 1 – MEMBER	INFORMATION							
Legal name	first	middle initial	last		suffix	Social security number		
Mailing address	street		apt. or unit no.	city		state	zip code	
Telephone number (with area code)		Date of birth		Optional: anticipated retirement date				
Former name		E-mail address						
SECTION 2-RETIREM	ENT SYSTEM INFORM	MATION INDICA	TE SYSTEM/FUN	ID IN WHICH YOU	J ARE A CURREN	IT CONTRIBUTO	R:	
☐ Chicago Teachers	' Pension Fund	☐ Judges' Retirement System			☐ Municipal Employees			
☐ Illinois Municipal	Retirement Fund	☐ Cook (	☐ Cook County Annuity & Benefit Fund			Benefit & Annuity Fund		
☐ General Assembly	Retirement System	☐ Park Employees' Annuity & Benefit Fund			<ul><li>Cook County Forest Preserve Annuity &amp; Benefit Fund</li></ul>			
☐ State Employees'	Retirement System	☐ State Universities Retirement System			☐ Metro Water Reclamation Retirement System (Chicago Sanitary Employees' Trust)			
☐ State Teachers' R	etirement System	☐ Laborers' Annuity & Benefit Fund						
Date you began contri	buting to your current	retirement systen	n:					
SECTION 3-REFUNDE	ED CTPF SERVICE							
School/Employer name	Coverage period			Year received separation refund check				
SECTION 4-MEMBER	CERTIFICATION							
I hereby certify that:								
☐ I have re-entered € Fund or under a re	employment with an en tirement system cover	• •	•		n			
☐ I am a current con <b>service</b> to the retir	tributor to that system rement system, <b>and</b>	and have rendere	ed two or more ye	ars of contributin	g			
☐ I now request that credits I accumula of a separation ref	ited under the Chicago							
Member Signature				Date				

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