

Checklist for Submitting the Application for CTPF Retirement.

FORM 705

- RETIREMENT APPLICATION**, completed, signed, and notarized.

FORM 715

- 2.2 UPGRADE & OPTIONAL SERVICE INTENT AND WAIVER** completed and signed.

FORM 716 (IF APPLICABLE)

- EARLY RETIREMENT WITH REDUCED PENSION ACKNOWLEDGEMENT** completed and signed.

FORM 717

- ACKNOWLEDGEMENT OF CTPF RULES GOVERNING RE-EMPLOYMENT** completed and signed.

FORM 720

- W-4P TAX WITHHOLDING** bottom portion, completed and signed.

FORM 725

- DIRECT DEPOSIT AUTHORIZATION** completed and signed.
 - Voided check attached**

Direct deposit advices are sent with the first check, any time the check amount changes, and every January and December.

FORM 730

- RETIREE ACKNOWLEDGEMENT OF HEALTH INSURANCE RESPONSIBILITY & INTENT** completed and signed.

FORM 735 (IF APPLICABLE)*

- HEALTH INFORMATION RELEASE** completed and signed.
- * This form must be signed if you elect COBRA continuation coverage from your employer.

FORM 742 (IF APPLICABLE)

- AUTHORIZATION TO APPLY CTPF REFUNDS** completed and signed.

FORM 105

- DESIGNATION OF BENEFICIARY** completed, signed, and notarized.

REQUIRED DOCUMENTS

Notice of Legal Name Requirement

You must provide evidence of your legal name at retirement. The documents you present as proof of identity including your social security card, photo identification, and Medicare card/letter (*if applicable*), must bear the same legal name.

ALL APPLICANTS

Confirm that copies of the following personal identification documents are included (*one document from each group*):

- 1. Proof of age:** Birth certificate, naturalization papers, or current passport
- 2. Proof of SSN:** Social security card or recent W-2
- 3. Photo identification:** current driver's license, state identification, or current passport
- 4. If Age 65:** a copy of Medicare A & B card or letter of entitlement from Medicare

APPLICANTS WHO ARE MARRIED OR JOINED IN A CIVIL-UNION, WIDOWED, OR DIVORCED

Confirm that copies of the following additional documents are included (*as applicable*):

- Married or joined in a civil union**
 - Spouse's birth certificate or current passport
 - Marriage or civil union license
- Widowed**
 - Marriage or civil union license
 - Spouse's death certificate
- Divorced**
 - Divorce or dissolution of marriage or civil union decree
- QILDRO (*court certified copy*)**

AUTHORIZATION:

I understand that my application will not be processed until all required forms have been received. Missing or incomplete documents will delay and/or halt the processing of my benefit.

Member's Signature	Last 4 digits SSN	Date
Reviewer's Signature (<i>If completed in CTPF Office</i>)		Date



Chicago Teachers' Pension Fund

RETIREMENT APPLICATION INSTRUCTIONS

203 North LaSalle Street, Suite 2600 | Chicago, IL 60601-1231
312.641.4464 | Fax 312.641.7185 | www.ctpf.org

FORM
705
(REV. 1/2017)

Please read this Retirement Application carefully and complete all necessary forms.

When completing this form, fill in all sections completely. If a section does not apply, write N/A (not applicable) in the box, and initial it. An incomplete form will delay the processing of your retirement benefit.

BOX 1

Enter your legal name – This name must match the name on the required identification you submit with your application.

BOX 3

Permanent home address – CTPF must have a permanent home address on file for all members. This address cannot be a P.O. Box.

BOX 4

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

BOX 8

Resignation date – The date of your resignation as listed on your official resignation or the date of your resignation as reported by your employer, the Chicago Public School or Chicago Charter School.

NOTE: You MUST submit an official resignation notification to your employer. CTPF will not process your application until the employer confirms your resignation.

BOX 9

Retirement date – Add the date you would like your benefits to begin, if that date is different from your resignation date.

BOX 13

Minor children – If you have children under age 18, please check YES and provide names and dates of birth (DOB).

BOX 14

Reversionary Pension – A reversionary pension is a beneficiary pension set up for payment to any designated individual upon your death. **Your pension is reduced** to fund the additional pension. **Note: this is not a survivor pension.** If you wish to designate a recipient of a reversionary pension please check YES. A Reversionary Pension form will be mailed to you.

If you choose a reversionary pension your election must be made prior to your benefit effective date.

BOX 15

The provisions of the Illinois Retirement Systems Reciprocal Act allow individuals who earn one or more years of service in more than one covered system to combine their service and coordinate benefits at retirement. When you choose to retire with a reciprocal pension, each system calculates benefits based on your highest final average salary (FAS) and pays a proportion of your pension. The Illinois public pension systems listed here are covered under the reciprocal act.

a. If you will retire under the provisions of the **Illinois Retirement Systems Reciprocal Act**, check YES and list all systems in which you earned service credit. If you are not combining service under reciprocity check NO.

Illinois Reciprocal Retirement Systems

- Cook County Employees' Annuity and Benefit Fund
- General Assembly Retirement System
- Illinois Municipal Retirement System
- Judges' Retirement System
- Laborers' Annuity and Benefit Fund of Chicago
- State Employees' Retirement System
- Metropolitan Water Reclamation District Retirement Fund
- State Teachers' Retirement System
- Park Employees' Annuity and Benefit Fund of Chicago
- State Universities Retirement System
- Municipal Employees' Annuity and Benefit Fund of Chicago
- County Forest Preserve District Employees' Annuity

b. Please indicate if CTPF is your final system. If NO, please carefully review Form 730 which includes important information about CTPF health insurance coverage eligibility.

BOX 16

Acknowledgement – The Retirement application must be signed and dated in the presence of a Notary Public.

REQUIRED DOCUMENTATION

See Form 704, Retirement Checklist.

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



RETIREMENT APPLICATION

Chicago Teachers' Pension Fund

FORM 705
(REV. 1/2017)

1. Legal Name: First	M.I.	Last	2. Last 4-digits: SSN
-----------------------------	------	------	------------------------------

3. Permanent home address <i>(P.O. box addresses not acceptable)</i>		Apt. or Unit No.	
Street			
City	State	Zip	

4. Other mailing address: If you want your mail sent to a location other than your permanent home address, complete this section:			
Street/P.O. Box		Apt. or Unit no.	
City	State	Zip	

5. E-mail Address: Providing your e-mail addresses authorizes CTPF to send periodic updates and fund information.

6. Member's Date of Birth <i>(MM/DD/YYYY)</i>	7. Telephone Number <i>(with area code)</i>	8. Resignation date	9. Retirement date
--	--	----------------------------	---------------------------

10. Marital Status	11. Marriage/Civil Union Date
never married <input type="checkbox"/> married <input type="checkbox"/> civil union <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/>	

12. Spouse's Legal Name: First	M.I.	Last	Suffix
Spouse's Date of Birth <i>(MM/DD/YYYY)</i>		Spouse's Full SSN	

13. Minor children <i>(under 18 years old)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(You must check Yes or No)</i>	If YES, list name(s) and Date of Birth <i>(DOB):</i>
Name		DOB
Name		DOB

You must check YES or NO for each question below.

14. Do you wish to name anyone for a Reversionary Pension? <small>Note: This is not a survivor pension.</small>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. a. Have you been a contributor to any other Illinois public retirement system?	YES <input type="checkbox"/>	NO <input type="checkbox"/> <i>(if no, skip to acknowledgement)</i>
If YES, do you plan to combine this service under the Illinois Reciprocal Systems Act?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Please list systems here, <i>(see instruction for list of systems)</i> .	_____	
b. If YES, is CTPF your final system?	YES <input type="checkbox"/>	NO <input type="checkbox"/> <i>(if no, see Form 730 in packet)</i>

16. ACKNOWLEDGEMENT

I certify that the above information correct to the best of my knowledge and belief.

Member's Signature	Date
---------------------------	-------------

NOTARIZATION

State of _____ County of _____

This instrument was acknowledged before me on _____ by _____

Date Name/s of CTPF MEMBER

SIGNATURE OF NOTARY PUBLIC

COMMISSION EXPIRATION DATE

(Seal or Stamp)

*IF SEAL OR STAMP IS MISSING APPLICATION IS NOT VALID.

2.2 Upgrade and Optional Service Intent and Waiver

Signing this Intent and Waiver indicates that you understand your options regarding the 2.2 Upgrade and the option to purchase service. A completed and signed copy of this form must be on file with CTPF before a retirement benefit is paid.

BOX 3 2.2 UPGRADE OPTION – Check applicable statements and initial your selections.

The 2.2 Upgrade Option provides a way to increase the pension percentage used to calculate your benefit.

For service credit earned prior to July 1, 1998, the percentage used in the pension formula is determined using incremental factors as low as 1.67%. With the 2.2 Upgrade Option, the 2.2% factor is applied to all CTPF service, and your pension increases. To purchase the upgrade you must have been an active contributor to CTPF on July 1, 1998, or must have contributed to CTPF for at least one year after July 1, 1998.

Cost

If you have more than 30 years of CTPF service credit, the upgrade is applied at no cost, otherwise you must pay for the upgrade. If your service credit includes reciprocal service, contact Member Services to discuss your cost.

The cost is based on your highest annual salary in the 4 years prior to the year in which you apply for the upgrade, multiplied by 1% for each year of service. The cost is capped at 20 years. For every 3 years of service credit earned after July 1, 1998, the cost to upgrade is reduced by 1 year. **You must upgrade all service prior to July 1, 1998.**

BOX 4 OPTIONAL SERVICE – Check applicable statements and initial your selections.

If you qualify, purchasing optional service allows you to increase your service credit and may increase your retirement benefit. You may purchase service for several different situations:

Employer Approved Unpaid Leaves

Leave types include sick leave, maternity/paternity leave, study/travel leave, and sabbatical leave granted by your employer. Members who contributed to CTPF after June 28, 2002, may establish a maximum of 36 months service credit. Members who did not contribute to CTPF after June 28, 2002, may establish a maximum of 12 months service credit.

Refunded Service

If you resigned from a CTPF-covered employer and accepted a refund of contributions, you forfeited service for this period. You may reestablish the forfeited service provided you return to work and contribute to CTPF or an Illinois reciprocal system for a minimum of two years. If you choose to reestablish service, you must be a current contributor to CTPF or an Illinois reciprocal system, and you must purchase the entire refunded period.

Public Teaching Service

Current contributors may purchase service for certified teaching in a public elementary or high school in Illinois, in another state, or in a school operated by or under the authority of the U.S. government. Maximum purchase 10 years of service; restrictions apply.

Military Service

Current contributors may purchase service for time served in the U.S. military before teaching or during a leave of absence. Purchase is limited to five years, two of which may precede your teaching career.

1975-1976 Economic Layoff

You may be eligible to purchase time if you were a contributor to CTPF on the days immediately preceding the two-week layoff beginning on June 6, 1976.

Other Types of Service

You may purchase service for periods of employment as:

- a playground or recreational instructor for the City of Chicago, the Chicago Park District, or CPS
- a member of the Chicago Board of Education
- a City of Chicago or CPS civil service librarian
- a school clerk for the Chicago Board of Education
- a lunchroom manager for the Chicago Board of Education

Cost

The cost of a service purchase is typically the pension contributions that would have been paid, for the salary rates in effect during the purchase period, plus interest which is generally charged at 5% compounded annually. Some service types have service credit limitations and/or other requirements.

BOX 5 ACKNOWLEDGEMENT – read and initial all applicable statements prior to signing the form.

Payment Options

You must apply to purchase service prior to resignation and complete payment before you receive your first pension check from CTPF or any other retirement system covered by the Illinois Reciprocal Act.

Payments can be made with personal checks, cashier's checks, or money orders. CTPF can also accept tax-deferred payments from

qualified plans including a traditional IRA (not a Roth IRA), or a 401, 403(b), or 457(b) plan.

You can pay for the 2.2 Upgrade or a service purchase with a single lump-sum payment or through installment payments outlined in the upgrade or optional service contract. It is your responsibility to complete payment by the date specified on the contract.

2.2 UPGRADE AND OPTIONAL SERVICE INTENT AND WAIVER

1. Name: First	M.I	Last	Suffix	2. Last 4 digits SSN

CONFIRMATION OF MEMBER'S INTENT (Check the appropriate box and initial next to your selection.)

3. 2.2 UPGRADE OPTION

Do you have service prior to July 1, 1998?

- Yes (complete this section) No (continue to section 4)

___ I am not eligible to upgrade since I have not been an active contributor to CTPF after July 1, 1998. (continue to Section 4)

___ I have already paid to upgrade my service OR I have more than 30 years of service, (continue to Section 4).

___ I understand that the cost of the upgrade may be reduced if I earn sufficient service credit after July 1, 1998. If there is a cost remaining, please select a payment option:

a lump-sum payment for the total due. Payment must be complete before CTPF finalizes your retirement benefit, (continue to Section 4).

a deduction from my first 24 monthly pension payments, (continue to Section 4).

a refund due to me at retirement. I understand that I must complete Form 742 and will receive a bill for any amount not covered by the refund.

___ I have not yet applied for the upgrade. Please send me a bill for the upgrade cost. I understand that if I choose to upgrade, I must notify CTPF of my decision within 30 days of receipt of the bill, (continue to Section 4).

___ I will not upgrade my service to the 2.2 formula, (continue to Section 4).

4. OPTIONAL SERVICE

Do you have any optional service that you wish to purchase?

- Yes (complete this section) No (continue to section 5)

___ I plan to purchase optional service before I retire. Check one of the following:

- I have already applied for optional service.
- I have not yet applied for optional service and need an application for the following:
 - Employer Approved Unpaid Leave
 - Refunded Service
 - Public Teaching Service
 - Military Service
 - 1975-1976 Economic Layoff
 - Other Type of Service

If you apply for a service purchase, you must complete payment before your first pension check is issued. If you decide not to purchase service, you must notify CTPF in writing within 30 days of receipt of the bill or your pension will be calculated without the service purchase.

5. ACKNOWLEDGEMENT

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

___ I understand my 2.2 Upgrade options and have indicated my selection in section 3 of this form.

___ I understand that if I retire with less than 30 years of service and want the 2.2 Upgrade, I must pay to upgrade all service earned prior to July 1, 1998.

___ I understand that if I want to purchase optional service I must apply for the purchase prior to resignation.

___ I understand that I may be eligible to establish optional service, but I choose to waive that option.

Signature	Date

Name: First	M.I	Last	Last 4 digits SSN
--------------------	-----	------	-------------------

EARLY RETIREMENT ELIGIBILITY

Depending on your age and service credit, you may have the option to retire early, with a reduced pension. The chart below outlines regular (unreduced) and early (reduced) pension options:

Benefit	Tier 1: Members who joined CTPF or a qualified reciprocal system before 01/01/2011
Normal age for retirement without a reduced pension	62 with 5 years of service 60 with at least 20 years of service 55 with at least 33.95 years of service
Earliest age for retirement with a reduced pension	55 with a minimum of 20 years of service

Choosing an Early Retirement

The decision to retire early is a personal one, and you should consider the pros and cons before making your decision. If you have a minimum of 20 years of service and reach age 55, you are eligible to retire with a reduced pension. The retirement benefit will be reduced by 1/2 of 1% for every month you are under the age of 60. The benefit is reduced to account for the longer period for which you will receive benefits. **Your pension is reduced for the life of your benefit and will not be recalculated when you reach normal retirement age.**

Automatic Annual Increase

The Automatic Annual Increase (AAI) will become effective one year after retirement or when you reach age 61, whichever is later. The benefit is payable beginning with the January payment following the effective date. The increase is 3% of pension compounded annually.

CONFIRMATION OF MEMBER'S INTENT

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

- I understand my retirement options.
- I am choosing early retirement with a reduced pension.
- I understand that my pension will not be recalculated when I reach normal retirement age.
- I understand that I will be eligible to receive an automatic annual increase one year after retirement or when I reach age 61, whichever is later.

Signature	Date
------------------	-------------



ACKNOWLEDGEMENT OF CTPF RULES GOVERNING RE-EMPLOYMENT

FORM 717 (REV. 6/2017)

Chicago Teachers' Pension Fund 203 North LaSalle Street, Suite 2600 | Chicago, IL 60601-1231 | 312.641.4464 | Fax 312.641.7185 | www.ctpf.org

SECTION 1: MEMBER INFORMATION

Member Name: First	M.I.	Last	Last 4 digits of SSN	Date of Birth (MM/DD/YYYY)
---------------------------	------	------	----------------------	----------------------------

SECTION 2: CTPF RE-EMPLOYMENT RULES

I. RETURN TO WORK LIMITS

The Illinois Pension Code limits the number of days a retiree can work and the amount of compensation a retiree can earn when returning to work in any capacity for the Board of Education or a charter school (Employer) while receiving a pension from CTPF.

The Board of Trustees adopted rules for the implementation and administration of the statutory limitations on retirees returning to work for one or more Employer(s). All contributors, as defined by Section 17-106 of the Illinois Pension Code, including, but not limited to members of the teaching force and Administrators, are subject to the return to work limitations.

Permanent Re-Employment

A retiree may go to work for any entity other than an Employer without restriction. However, if a retiree is re-employed on a permanent or annual basis by an Employer, the pension shall be cancelled on the date the re-employment begins, or on the first day of a payroll period for which service credit was validated, whichever is earlier.

Temporary and Non-Annual Employment

A retiree may return or go to work for one or more Employers without having his or her pension cancelled, if the employment is temporary and non-annual or employed on an hourly basis, so long as the following limitations are not exceeded:

A. Employment Limit

A retiree is limited to working on no more than 100 days in a year for an Employer(s). However, a retiree who teaches only drivers education courses after regular school hours is limited to working no more than 900 hours in a year. A year is July 1 – June 30.

Example 1

A retiree has worked on 90 days in a year. The retiree's pension will not be cancelled because the retiree worked less than 100 days in the year.

Example 2

A retiree has worked on 116 days in a year, and worked less than 2 hours a day for most work days. The retiree's pension will be cancelled because the total number of days worked is more than 100 days in the year.

Example 3

A retiree who exclusively teaches drivers education courses after regular school hours has worked 890 hours in a year. The retiree's pension will not be cancelled because the retiree worked less than 900 hours during the school year.

Example 4

A retiree who teaches drivers education courses exclusively after regular school hours has worked 910 hours during the year. The retiree's pension will be cancelled because the total number of hours worked is more than 900 hours for the school year.

Example 5

A retiree who teaches drivers education courses and teaches as a day-for-day substitute teacher has worked on 116 days in a year. The retiree's pension will be cancelled because the retiree does not exclusively teach drivers education courses after regular school hours and the total number of days worked is more than 100 days in the year.

B. Compensation Limit

The retiree must not earn more than \$30,000 gross compensation from the Employer(s) in a year. A year is July 1 – June 30. In the case of a person who retires with at least 5 years of service as an Administrator, the limit is \$50,000 in a year. The gross compensation limit applies to all retirees, including retirees who teach only drivers education courses after regular school hours.

Example 1

A retiree has worked on less than 100 days in a year. The total amount of gross compensation earned was \$32,000. The retiree's pension **WILL** be cancelled because the amount of compensation exceeded the \$30,000 limit.

Example 2

A retiree who had 4.5 years of active service as a principal earns \$45,000 in a year. The retiree has worked on less than 100 days. The retiree's pension **WILL** be cancelled because the \$30,000 gross compensation limit has been exceeded and the retiree did not have 5 years of service as an Administrator.

Example 3

A retiree who teaches drivers education courses after regular school hours has worked 890 hours in a year. The total gross compensation earned was \$32,000. The retiree's pension **WILL** be cancelled because the amount of compensation exceeded the \$30,000 limit.

RETIREE'S OBLIGATION TO NOTIFY THE FUND

A retiree who intends to return to work in a temporary and non-annual position must notify his or her Employer(s) and CTPF before re-employment begins.

CTPF notification is made by filing Form 770. The Employer(s) will establish its own notification process and retirees are responsible for completing those requirements.

II. PROCEDURES

If CTPF receives notice from the Employer(s) that a retiree has exceeded the re-employment limit and/or the compensation limit, the Fund will:

A. Cancellation Notice to Retiree

The Fund will notify the retired teacher that CTPF has received information that a retiree's employment may be in excess of the statutory limit, and that his or her pension benefits and health insurance subsidy (*if applicable*) are subject to cancellation retroactive to the date the limit was exceeded.

B. Administrative Hearing

Prior to the cancellation of a pension, the retiree will have the opportunity to request an administrative hearing. The hearing will determine if the re-employment exceeded the re-employment limit and/or the compensation limit.

C. Cancellation and Repayment

If the Board of Trustees determines that the time worked or compensation earned was in excess of the limitations, the retiree's pension benefits and health insurance subsidy (*as applicable*) will be cancelled retroactive to the date the limit was exceeded. The retiree will be obligated to repay all pension benefits and health insurance subsidies received from the date the limit was exceeded. **It is the retiree's sole responsibility to track all time worked and compensation earned during re-employment.**

The retiree shall have the right to offset any amount owed to the Fund against future pension benefit payments. The offset shall be deducted at a rate not to exceed 25% of the gross monthly pension benefit payments until the Fund is repaid in full.

III. DISCLAIMER

This fact sheet contains a summary of Public Act 97-0912 and the Board-established rules for administration of the statute. This is not a legal reference or a complete statement of the laws or administrative rules of the Chicago Teachers' Pension Fund. If there is any conflict between this information and Illinois laws or administrative rules, the laws and administrative rules shall prevail.

The interpretation and application by CTPF of specific laws and rules in a given case depend on the facts of each case and other applicable laws, rules, and court decisions. The complete text of Public Act 97-0912 can be found at www.ctpf.org.

SECTION 3: ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the CTPF Rules Governing Re-Employment, and have read and understand these rules. I understand that if I return to work for the Chicago Public Schools or for a Chicago charter school ("Employer") in any position, I must notify the Fund and my Employer before I return to work. Notice to CTPF is made by submitting the Notice of Return to Work, CTPF Form 770.

Finally, I understand that violating the Re-Employment Rules can result in the cancellation of my pension with the obligation to repay any benefits earned while re-employed in excess of the statutory limits.

Member's Signature

Date

Form **W-4P**
Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2017

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2017.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you don't want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Future developments. For the latest information about Form W-4P, such as legislation enacted after we release it, go to www.irs.gov/w4p.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You're single and have only one pension; or
 • You're married, have only one pension, and your spouse has no income subject to withholding; or
 • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you're married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter the number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return **E** _____

F Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children.
 • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child **F** _____

G Add lines A through F and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ► **G** _____

For accuracy, complete all worksheets that apply.
 { • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you're **single and have more than one source of income subject to withholding** or are **married and you and your spouse both have income subject to withholding** and your combined income from all sources exceeds \$50,000 (\$20,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line G on line 2 of Form W-4P below.

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

Form **W-4P**
Department of the Treasury
Internal Revenue Service

Withholding Certificate for Pension or Annuity Payments

OMB No. 1545-0074

2017

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you **do not want any** federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ►

2 Total number of allowances and marital status you are claiming for withholding from each **periodic** pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ► _____

Marital status: Single Married Married, but withhold at higher Single rate. (Enter number of allowances.)

3 Additional amount, if any, you want withheld from each pension or annuity payment. (**Note:** For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ► \$ _____

Your signature ►

Date ►

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details **1** \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any credit amounts from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) **5** \$ _____
- 6 Enter an estimate of your 2017 income not subject to withholding (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line G, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you use the **Multiple Pensions/More-Than-One-Income Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4P, line 2, page 1 **10** _____

Multiple Pensions/More-Than-One-Income Worksheet

Note: Complete *only* if the instructions under line G, page 1, direct you here. This applies if you (and your spouse if married filing jointly) have more than one source of income subject to withholding (such as more than one pension, or a pension and a job, or you have a pension and your spouse works).

- 1 Enter the number from line G, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying pension or job and enter it here. **However**, if you're married filing jointly and the amount from the highest paying pension or job is \$65,000 or less, do not enter more than "3" **2** _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4P, line 2, page 1. **Do not** use the rest of this worksheet **3** _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4P, line 2, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet **4** _____
- 5 Enter the number from line 1 of this worksheet **5** _____
- 6 **Subtract** line 5 from line 4 **6** _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying pension or job and enter it here **7** \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9 **Divide** line 8 by the number of pay periods remaining in 2017. For example, divide by 12 if you're paid every month and you complete this form in December 2016. Enter the result here and on Form W-4P, line 3, page 1. This is the additional amount to be withheld from each payment **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job or pension are--	Enter on line 2 above	If wages from LOWEST paying job or pension are--	Enter on line 2 above	If wages from HIGHEST paying job or pension are--	Enter on line 7 above	If wages from HIGHEST paying job or pension are--	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						



Chicago Teachers' Pension Fund

DIRECT DEPOSIT AUTHORIZATION

203 North LaSalle Street, Suite 2600 | Chicago, IL 60601-1231
312.641.4464 | Fax 312.641.7185 | www.ctpf.org

**FORM
725**
(REV. 1/2017)

SECTION 1 – MEMBER INFORMATION

Legal Name: First	M.I	Last	Last 4 digits SSN
Telephone Number (with area code)		Cell Phone (with area code)	

▶ **PLEASE NOTE:** The **MEMBER** must be the **primary account holder** for all accounts for which direct deposit is requested. CTPF **does not** accept requests to deposit into **trust or brokerage accounts**.

I authorize and request the Chicago Teachers' Pension Fund to direct recurring pension payments to the account(s) specified below. I understand that this form supersedes any previously filed direct deposit authorization form.

SIGNATURE _____ DATE _____

SECTION 2 – ACCOUNT INFORMATION

If you are requesting direct deposit to one account, complete the primary account information below.

If you are requesting direct deposit to two accounts, complete the primary and secondary account information below. You must designate a fixed dollar amount for the secondary account. The balance will be deposited into the primary account.

PRIMARY ACCOUNT (Required account)

Bank name _____

Account no. _____

Account type (check one):

- Checking/money market Savings

Provide the **bank name and account number** for each account. If you are adding a secondary account and your primary account is not changing, only complete the secondary account information.

Contact your financial institution if you need assistance determining your account number.

SECONDARY ACCOUNT (Optional account)

Bankname _____

Account no. _____

Account type (check one):

- Checking/money market Savings

Amount to be deposited \$ _____

(AMOUNT MAY ONLY BE CHANGED ONCE IN A 12-MONTH PERIOD).

SECTION 3—VERIFICATION AND DOCUMENTATION

If you are requesting direct deposit to your **checking account**, attach a **voided personal check**. The check must be printed with your name and the name of any joint account holders, in the upper left hand corner. CTPF cannot accept a temporary check.

If you do not have a printed check, enclose a letter from your financial institution on their official letterhead, signed by a personal banker, indicating the **routing number, account number, and any joint account holders**.

If you are requesting direct deposit to your **savings account**, enclose a letter from your financial institution on their official letterhead, signed by a personal banker, indicating the **routing number, account number, and any joint account holders**.

TAPE COPY OF VOIDED CHECK HERE. DO NOT STAPLE.

If submitting this form by fax, send to 312.641.6745

203 North LaSalle Street, Suite 2600 | Chicago, IL 60601-1231

312.641.4464 | Fax 312.641.7185 | www.ctpf.org

HEALTH INSURANCE OPTIONS AT RETIREMENT

Employer-sponsored health insurance coverage ends on the last day of the month of your retirement. You are responsible for enrolling in and paying for post-retirement health insurance coverage. Completing this form advises CTPF of your plans, and helps determine eligibility for CTPF plans and premium subsidy, but does not enroll you in any plan or continued coverage.

Coverage Options Overview

Your age at retirement may impact your insurance options. In general, coverage options at retirement include:

Under Age 65

- Employer sponsored continuation coverage (COBRA) up to 18 months or until age 65
- A CTPF sponsored health insurance plan (available only to members whose final teaching system was CTPF), after COBRA coverage ends
- Other coverage (through a spouse's plan or a private company)

Age 65 or Over

- A CTPF sponsored Medicare supplement or Advantage plan with proof of Medicare Part A and Part B enrollment
- Other supplemental coverage (through a spouse's plan or a private company)

PAYING FOR INSURANCE

Health insurance generally costs more as a retiree, and CTPF offers a health insurance premium subsidy to help offset the cost. The subsidy, **available to retirees whose final teaching service was CTPF**, applies to the cost of retiree insurance, not dependent coverage. The subsidy is not guaranteed and is determined annually. See the current *CTPF Health Insurance Handbook* for more information on the subsidy.

If you are enrolled in COBRA continuation coverage or a CTPF plan, any available premium subsidy will be applied to your pension benefit.* The necessary authorization, CTPF Form 735, must be on file. If you have coverage through another source, you can apply for an annual premium subsidy.

* CTPF does not subsidize COBRA continuation coverage once you become eligible for Medicare at age 65. You can enroll in a CTPF Medicare health plan with subsidy once enrolled in Medicare Part A and Part B. Please refer to the CTPF Health Insurance Handbook for more information. CTPF Health Insurance Handbook

COBRA CONTINUATION COVERAGE

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), allows individuals to pay for the same health insurance coverage that they received during employment, up to 18 months. Health insurance costs are generally lower under COBRA continuation coverage than they would be under a CTPF plan. Most retirees under age 65 choose this option and extend coverage for the maximum time allowed, up to 18 months or age 65, whichever occurs first.

Your former employer administers the COBRA program, determines eligibility, and processes applications. You must make monthly premium payments on time, or your coverage may be cancelled. Contact your employer for enrollment and cost information.

CTPF SPONSORED HEALTH INSURANCE PLANS

CTPF sponsors comprehensive health insurance plans designed to promote wellness and provide high-quality coverage at a reasonable cost.

These plans are available to retirees whose final teaching service was CTPF, their dependents, and survivors. Reciprocal retirees whose final teaching service is with another system cannot enroll in a CTPF plan.

CTPF offers plans for:

- Non-Medicare eligible members with PPO and HMO plan options
- Medicare-eligible members who maintain enrollment in Medicare Part A and Part B, with Medicare supplement and Medicare Advantage plan options

Find more information about CTPF plans, coverage, and costs in the *CTPF Health Insurance Handbook* available at www.ctpf.org. Health insurance enrollment forms for CTPF plans are available online or from Member Services.

OTHER COVERAGE OPTIONS

You may have other sources of health insurance or supplemental insurance coverage, including group coverage through a spouse's plan or a private plan.



Chicago Teachers' Pension Fund

RETIREE HEALTH INSURANCE RESPONSIBILITY AND INTENT

FORM 730
(REV. 1/2017)

203 North LaSalle Street, Suite 2600 | Chicago, IL 60601-1231
312.641.4464 | Fax 312.641.7185 | www.ctpf.org

MEMBER INFORMATION

Legal Name: First	M.I	Last	Last 4 digits SSN
Date of Birth	Resignation Date		Telephone Number

RECIPROCAL RETIREE INFORMATION

Complete this section only if you are retiring under the provisions of the Illinois Reciprocal Retirement Act.

Is CTPF your final system? YES NO

If you answered NO above, you are not eligible to participate in a CTPF sponsored health insurance plan. You must obtain post-retirement health insurance coverage from another source. **Please sign here to acknowledge that you have been advised of your ineligibility for CTPF health insurance coverage and premium subsidy.***

Reciprocal Retiree Signature	Date
------------------------------	------

*Reciprocal retirees who answered NO above do not need to complete the remainder of this form.

CONFIRMATION OF CTPF MEMBER'S INTENT

Post-Retirement Health Insurance Coverage Options

Please choose one of the following options. **Check the appropriate box and initial next to your selection.** If you are retiring under the provisions of the Illinois reciprocal retirement act, you may only join a CTPF sponsored health insurance plan if CTPF is your final system.

1 Employer Sponsored Continuation Coverage (COBRA)
 I will apply for continuation coverage (COBRA) through my employer

2 CTPF Sponsored Health Insurance Plan
 I will enroll in a CTPF Sponsored Health Insurance Plan

3 Another source (spouse's plan/private insurance/other)
 I will obtain health insurance from another source

ACKNOWLEDGEMENT

Please initial each statement and sign below.

_____ I understand that it is my responsibility to obtain post-retirement health insurance coverage.

_____ I understand that completing this form advises CTPF of my intent and helps determine eligibility for CTPF coverage and any available subsidy, but does not enroll me in any plan or continued coverage. It is my responsibility to contact the appropriate plan administrator to obtain enrollment forms and ensure timely payment for the plan/option I choose.

I acknowledge receipt of this information regarding my responsibility for securing health insurance coverage for myself at the time of retirement.

Member Signature	Date
------------------	------



Chicago Teachers' Pension Fund

HEALTH INFORMATION RELEASE

203 North LaSalle Street, Suite 2600 | Chicago, IL 60601-1231
312.641.4464 | Fax 312.641.7185 | www.ctpf.org

**FORM
735**
(REV. 1/2017)

Authorization for Release of Health Insurance Coverage Information

Relevant to the determination of the CTPF Health Insurance Premium Subsidy

Insured's Name: First	M.I.	Last	Last 4 digits SSN
Mailing address		Street	Apt. or Unit no.
City		State	Zip
Date of Birth		Telephone Number (with area code)	

Employer's Name

- I make this authorization for the purpose of providing health insurance premium information in connection with the determination of the insurance subsidy payable to me by Chicago Teachers' Pension Fund.
- This authorization is directed to and applied to any protected health information maintained by my employer.
- I hereby authorize my employer, its administrative and office staff, to release specific information relative to my health insurance costs for COBRA coverage, specifically including and limited to my:
 - Name
 - Identification number
 - Insurance coverage/carrier
 - Single coverage premium
 - COBRA effective date
 - COBRA termination date
 - Confirmation of continuing COBRA coverage
- This information is to be released to:

Chicago Teachers' Pension Fund
203 North LaSalle Street, suite 2600
Chicago, Illinois 60601
312.641.4464
- I understand that re-disclosure of this information to a party other than the one designated above is forbidden without written authorization on my part.
- This Authorization shall be in full force and effect until the termination of my COBRA coverage with my employer, unless otherwise specified.
- I understand that this authorization may be withdrawn, by written request from me, at any time except to the extent that action has already been taken in reliance upon it.
- I understand that authorizing the release of this information is necessary and my signature is required in order to ensure the receipt of the CTPF health insurance subsidy in my monthly pension check.
- My employer is discharged of any liability and the undersigned will hold my employer harmless for complying with this "Authorization for Release of Health Insurance Information."
- I, the undersigned, have read the above and authorize staff of my employer to disclose such information as requested and specified herein, for the sole purpose of calculation and payment of the CTPF health insurance rebate due to me.
- A copy of this authorization is as valid as the original.
- I understand that the CTPF subsidy of COBRA continuation coverage ends with Medicare eligibility at age 65. I can enroll in a CTPF Medicare health plan with subsidy once enrolled in Medicare Part A and Part B.

Signature of Insured	Date
-----------------------------	-------------



Chicago Teachers' Pension Fund

AUTHORIZATION TO APPLY CTPF REFUNDS

203 North LaSalle Street, Suite 2600 | Chicago, IL 60601-1231
312.641.4464 | Fax 312.641.7185 | www.ctpf.org

**FORM
742**
(REV. 1/2017)

AUTHORIZATION TO APPLY CTPF REFUNDS TO PAYMENT OF OPTIONAL SERVICE CONTRACTS

Complete and submit if you intend to apply CTPF refunds to payment of optional service or 2.2 Upgrade contracts.

SECTION 1 – MEMBER INFORMATION

Legal Name: First	M.I	Last	Last 4 digits SSN
Mailing Address: Street			Apt. or Unit no.
City		State	Zip
Telephone Number (with area code)		Cell Phone Number (with area code)	

SECTION 2 – AUTHORIZATION TO APPLY REFUND

A. AUTHORIZATION

I authorize CTPF to apply any refund of contributions, for which I may be eligible as payment for the following contracts:

Please check all that apply:

I am purchasing (type of service) _____ CTPF service credit.

I am purchasing the 2.2 Upgrade (if available).

(If refund is not sufficient to cover the purchase you will receive an updated contract for any remaining balance.)

B. PAYMENT OPTIONS FOR REMAINING REFUND MONIES

CTPF will apply any previously non-taxed contributions first and then use any necessary taxed contributions. When CTPF determines the amount of the refund and applies payment, any remaining refund amount will be paid to you.

► **Please check the appropriate box to indicate how you want any remaining refund paid.**

Full Payment of remainder amount

The Chicago Teachers' Pension Fund is directed to make full payment to me.

Rollover of remainder amount

CTPF is directed to rollover any remaining refund. (CTPF will send additional forms as necessary).

Member Signature	Date
-------------------------	-------------

The Designation of Beneficiary form allows CTPF members to designate individuals who will be paid any available lump-sum death benefits at their death. It does not affect or determine survivor benefits, which are only payable to an eligible spouse or minor child. CTPF will not accept forms with cross outs, white-out information or alterations. This form becomes effective when the original signed, notarized form is received by the CTPF office.

BENEFITS PAYABLE UPON DEATH

Depending on the member's status at the time of death, CTPF provides the following lump-sum benefits to the beneficiaries of a deceased member:

- A lump-sum death benefit and/or
- A refund of contributions that the member made to the Fund, which are remaining at the time of the member's death.

INSTRUCTIONS:

SECTION 1 – MEMBER INFORMATION

Please provide all requested applicable information.

SECTION 2 – PRIMARY BENEFICIARY INFORMATION

Enter the requested information for each beneficiary.

HOW ARE BENEFITS PAID? Death benefits are paid to:

- The primary beneficiary designated by the member on the latest Designation of Beneficiary form on file with CTPF.
- The alternate beneficiary designated by the member, if no primary beneficiary survives.
- The member's estate, if no primary or alternate beneficiary survives.

WHO CAN BE NAMED AS A BENEFICIARY? Any person or trust may be designated as a primary or alternate beneficiary. If you name a trust, provide the legal name of the trust/and or trustee, the trust number, the date established, and the contact information for the trust. A creditor (i.e. bank, credit union or loan company) **MAY NOT** be named as a beneficiary.

ADDITIONAL BENEFICIARIES: If you wish to name more than four primary beneficiaries, cross out the words "Alternate Beneficiary" in section 3, and write your initials and continue.

NAMING A MINOR: Death benefits payable to a minor are paid in care of the minor's guardian or custodian under the Illinois Uniform Transfers to Minors Act.

DISTRIBUTION OF BENEFITS: If more than one person is named as beneficiary, all will share equally in the benefit unless specific shares (percentages) are written in the "% Share" box. If you enter percentages, the total must equal 100%. If specific shares are written in, the benefit will be distributed as directed.

- If a named beneficiary does not survive, his or her shares will be distributed among any surviving beneficiaries.

SECTION 3 – ALTERNATE BENEFICIARY INFORMATION

Alternate beneficiaries receive death benefits if no primary beneficiary survives. Follow the directions in section 2.

SECTION 4 – SIGNATURE AND NOTARIZATION

Sign and date the form in the presence of a notary. The notary signing this form may not be named as a beneficiary.

RETURN THE COMPLETED ORIGINAL: CTPF will not accept a faxed or e-mailed version of this form. Make a copy for your records and send the original to:

Chicago Teachers' Pension Fund
203 North LaSalle Street, Suite 2600,
Chicago, IL 60601-1231

CONFIDENTIALITY: The information contained on your form is confidential and will not be disclosed to anyone except as required by law. If you cannot locate a copy of this form or recall your named beneficiary, contact CTPF.

You can find this form on our website:

http://ctpf.org/active_members/memberapplications.htm

Call Member Services, 312.641.4464, if you have questions.



Chicago Teachers' Pension Fund

DESIGNATION OF BENEFICIARY

Return this form to CTPF, 203 North LaSalle, Suite 2600, Chicago, IL 60601-1231.
Make a copy for your records.

FORM 105
(REV. 2/2017)

Member's Name: First		M.I	Last	Last 4 digits SSN
Mailing Address Street <i>Include apt. or unit no.</i>			Member's Date of Birth	
City	State	Zip		Telephone number <i>(with area code)</i>
Marital Status <input type="checkbox"/> never married <input type="checkbox"/> married/civil union		Marriage/Civil union date: mm/dd/yy		Spouse's Date of Birth
<input type="checkbox"/> divorced <input type="checkbox"/> widowed				
Spouse's Name: First		M.I	Last	Spouse's Social Security no.

SECTION 2: Primary Beneficiary/ies receive CTPF death benefits first % must add to 100

Name	Date of birth	Relationship	% of share
Address City State Zip		Phone number	
Name	Date of birth	Relationship	% of share
Address City State Zip		Phone number	
Name	Date of birth	Relationship	% of share
Address City State Zip		Phone number	
Name	Date of birth	Relationship	% of share
Address City State Zip		Phone number	

SECTION 3: Alternate Beneficiary/ies receive death benefits if no primary beneficiary survives % must add to 100

Name	Date of birth	Relationship	% of share
Address City State Zip		Phone number	
Name	Date of birth	Relationship	% of share
address City State Zip		Phone number	

SECTION 4: SIGNATURE & NOTARIZATION

SIGNATURE OF: _____ DATE _____
 CTPF Member Agent/Power of Attorney Guardian

Notarization:
 State of _____ County of _____

This instrument was acknowledged before me on _____ by _____
Date Name/s of person/s: CTPF Member, Agent/Power of Attorney, or Guardian

 SIGNATURE OF NOTARY PUBLIC COMMISSION EXPIRATION DATE _____

(Seal or Stamp)

*IF SEAL OR STAMP IS MISSING DESIGNATION IS NOT VALID.