

OPTIONAL ANNUITANT DEDUCTION AUTHORIZATION

Illinois Public Employees Retiree Chapter 31
American Federation of State, County & Municipal Employees Union, AFL-CIO
615 South Second Street, P.O. Box 2328, Springfield, IL 62705-9899



(PLEASE PRINT)

Home Phone () _____

For office use only

Subchapter _____

Name _____

Last

First

Middle

Street _____ City _____ Zip _____

Social Security Number _____ Birth Date _____

Retirement Date _____ E-Mail _____

I hereby authorize the Municipal Employees' Annuity and Benefit Fund of Chicago to deduct each month the amount as certified by the Retiree Chapter as the current rate of dues. This deduction is to be turned over to the Public Employees Retiree Chapter 31, AFSCME. I understand that I may cancel this authorization at any time by writing the Municipal Employees' Annuity and Benefit Fund of Chicago, 221 North LaSalle Street, Chicago, IL 60601-1294.

Signed _____ Date _____