

AURORA FIREFIGHTERS' PENSION FUND

Application for Retirement Pension

To: The Board of Trustees of the Aurora Firefighters' Pension Fund

From: _____
Name

I am a member of the Fire Department of Aurora, Illinois, and a member of the Aurora Firefighters' Pension Fund pursuant to 40 ILCS 5/4-101. I hereby make application for a retirement pension as provided by 40 ILCS 5/4-109.

The following information is herewith provided:

- (1) Effective date of Pension applied for: _____
- (2) Date of appointment to Department: _____
- (3) Period of time completed in Department: _____
Years/Months
- (4) Present Rank: _____
- (5) Present Salary: _____
Annual Monthly
- (6) Age: _____ Date of Birth: _____ Place of Birth: _____
- (7) Date of Marriage: _____ Place of Marriage: _____
- (8) Spouse's Maiden Name: _____
- (9) Spouse's Date of Birth: _____ Place of Birth: _____
- (10) Names of dependent children now living under eighteen (18) years of age:
 - (a) _____ Date of Birth: _____
 - (b) _____ Date of Birth: _____
 - (c) _____ Date of Birth: _____
 - (d) _____ Date of Birth: _____

I hereby submit this application for a retirement pension from the Aurora Firefighters' Pension Fund as of the date set forth above. I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

_____ Date _____ Signature of Applicant

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public

I certify that from the official records of the Fire Department, the above information regarding length of service and salary, are true and correct.

_____ Date _____ Fire Chief