

# ANNUITANT DEDUCTION AUTHORIZATION

Illinois Public Employees Retiree Chapter 31

American Federation of State, County and Municipal Employees

P.O. Box 1612, Springfield, IL 62701

(PLEASE PRINT)

Home Phone ( \_\_\_\_ ) \_\_\_\_\_

For office use only

Subchapter \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

If Surviving Beneficiary of Retiree, Check Here  Retirement Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize the County Employees Annuity and Benefit Fund of Cook County to deduct each month the amount 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.