

**FORM K
VILLAGE OF HAMPSHIRE
POLICE PENSION FUND
APPLICATION FOR RETIREMENT BENEFITS**

Please attach a copy of your retirement request with this application.

Name: _____ Rank: _____

Age: _____ Date of appointment: _____, ____.

Member of the Police Department for _____ year(s), _____ month(s).

I hereby make application for retirement pension from the Village of Hampshire Police Pension Fund as of _____, ____.

Please indicate any time periods that would not count as creditable service under Section 3-110 of the Illinois Pension Code (40 ILCS 5/3-110) (furloughs and leaves of absence with no pay exceeding 30 days in any one year where no required contribution was made to the Fund): _____

Is your retirement pension subject to a Qualified Illinois Domestic Relations Order? Yes [☐] No [☐]
If yes, please attach a copy of the court's order.

PREVIOUS ARTICLE 3 PENSION FUND PARTICIPATION

Have you previously served as a Police Officer in an Illinois Police department or Police protection district for at least one (1) year and been a member in another Article 3 pension fund? If you have such previous service(s), please provide the following information (attach additional sheets, if necessary):

Police Protection District/Police Department: _____

Pension Fund Contact Person: _____

Address: _____

Phone Number: _____

Date of Hire: _____ Date of Termination: _____

Dates of Membership in Fund: _____, _____ years, _____ months

Ending annual salary with Police Protection District/Department: _____

Did you receive a refund of contributions from that pension fund? Yes [☐] No [☐]

Police Protection District/Police Department: _____

Pension Fund Contact Person: _____

Address: _____

Phone Number: _____

Date of Hire: _____ Date of Termination: _____

Dates of Membership in Fund: _____, _____ years, _____ months

Ending annual salary with Police Protection District/Department: _____

Did you receive a refund of contributions from that pension fund? Yes [☐] No [☐]

Are you seeking to apply creditable service from other Article 3 pension funds for purposes of your retirement benefits from the Fund? Yes [] No [] If yes, please complete and submit Form T with this application.

IMRF PARTICIPATION

Were you previously excluded from participation in the Fund because you earned credit for service in IMRF?

Yes [] No []

If yes, please indicate whether you plan to establish creditable service for the period of time you were excluded:

Yes [] No []

If yes, please state the dates of this time period:

From _____ to _____

Please also complete Forms T and W regarding the payment for this IMRF credit.

Date

Signature of Applicant

Social Security Number

Print Name

Address

City, State, and Zip Code

Phone Number

FOR BOARD USE ONLY

Certified Service: _____ Years _____ Months _____ Days

I hereby certify that the records of this department show the above statements to be correct and true as far as the same relates to age and duration of service in the Police Department.

Signed at Village of Hampshire, Illinois, on _____, 20____.

Police Chief or Chief's Designee

\$ _____ per year is the amount of salary attached to the rank of _____ (Disability); or \$ _____ is the amount of salary received for the twelve months immediately prior to the applicants' retirement, _____, 20____.

I, _____, Secretary of the Police Pension Fund, do hereby certify under oath that the above statement as to amount of salary and service is true as shown by the records in my office.

Secretary of Police Pension Fund

Subscribed and sworn to before me on _____, 20____.

Notary Public (seal)

Received by _____ on _____ (date)

Signature

The foregoing application having been duly presented and considered by the Board of Trustees of the Village of Hampshire Police Pension Fund, the same is hereby Approved/Rejected (circle one) this

_____ day of _____, 20____.

**BOARD OF TRUSTEES OF THE VILLAGE OF
HAMPSHIRE POLICE PENSION FUND**

By: _____
President

By: _____
Secretary