

**ILLINOIS POLICE OFFICERS' PENSION INVESTMENT FUND
BENEFICIARY MEMBER TRUSTEE CANDIDATE PETITION**

We, the undersigned, qualified voters and beneficiaries of an Illinois Article 3 Police Pension Fund, are either a **RETIRED PENSIONER, A DISABLED PENSIONER, A SURVIVING SPOUSE OF A PENSIONER, MINOR CHILD, DEPENDENT CHILD, OR DEPENDENT PARENT, AND ARE RECEIVING BENEFITS**, and do hereby petition that the following named person shall be a Candidate for election as **BENEFICIARY MEMBER TRUSTEE** to be voted for at the Illinois Police Officers' Pension Investment Fund Election to be held on October 4, 2024.

NAME:		BENEFICIARY MEMBER TRUSTEE FOR THE ILLINOIS POLICE OFFICERS' PENSION INVESTMENT FUND		
ADDRESS:				
VOTER/BENEFICIARY'S SIGNATURE	VOTER/BENEFICIARY'S PRINTED FULL NAME	VOTER/BENEFICIARY'S STREET ADDRESS	CITY, TOWN, OR VILLAGE	VOTER/BENEFICIARY'S PENSION FUND
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

State of Illinois)
) SS
County of _____)

I, _____, (Circulator's Name) do hereby certify that the signatures on this sheet were signed in my presence, are genuine, and that to the best of my knowledge and belief the persons so signing were at the time of signing the petition **A RETIRED PENSIONER, A DISABLED PENSIONER, A SURVIVING SPOUSE OF A PENSIONER, MINOR CHILD, DEPENDENT CHILD, OR DEPENDENT PARENT, AND RECEIVING BENEFITS** of an Article 3 Pension Fund, and their respective residences are correctly stated, as above set forth.

(Circulator's Signature)

Signed and sworn to (or affirmed) by _____ before me, on _____
(Name of Circulator) (Insert Month/Day/Year)

Notary Stamp/Seal:

(Notary Public's Signature)