## IPPFA

## TRUSTEE INFORMATION FORM

2587 Millennium Dr., Unit C, Elgin IL 60124

630-784-0406 • fax 630-784-0416

(Please print or type all information)

Board Name		Pension Fund # of participants: active _					receiving benefits				
Pension Board A							Fundi	ng Level:	9⁄		
Department Ad	Street dress			City		zip					
Phone /	Street		_ Fax_	Cit;	y	Email				zip	
		T YOU		RRED MAILING	ADDRESS		ALL IN	FORM	ATION	for accuracy	
				address so vita						-	,-
		•									
	Circle all that apply:	•	Name:								
Trustee President	Elected Appointed Retired Disabled Beneficiary	Address:						work	or h	ome information	1?
		City:			Zip		Work #:	(	)		
		Email:					Home #:	(	)		
Trustee Secretary	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	•	Name:								
		Address:						work	or ho	ome information	?
		City:			Zip		Work #:	(	)		
		Email:					Home #:	(	)		
Trustee Vice President (Police only)	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	•	Name:								
		Address:						work	or h	ome information	1?
		City:			Zip		Work #:	(	)		
		Email:					Home #:	(	)		
Trustee Assistant Secretary (Police only)	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	•	Name:			<u> </u>					
		Address:						work	or ho	me information	?
		City:			Zip		Work #:	(	)		
		Email:					Home #:	(	)		
Trustee	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	•	Name:								
		Address:						work	or ho	ome information	?
		City:			Zip		Work #:	(	)		
		Email:					Home #:	(	)		
Treasurer	Village/City Address Only	•	Name:								
		Address:									
		City:			Zip		Work #:	(	)		
		Email:									
BOARD ATTOR	RNEY Name:					Phone	: (				
ACTUARY	Name:					Phone	: (	<u>)</u>			
CONSULTANT	Name:					Phone	: (				
MANAGER	Name:					Phone	: (	<u> </u>			
							`				