



TRUSTEE INFORMATION FORM

2587 Millennium Dr., Unit C, Elgin IL 60124 | tel: (630) 784-0406 | fax: (630) 784-0416

(Please print or type all information)

Board Name _____ Pension Fund # of participants: active _____ receiving benefits _____

Pension Board Address _____ Funding Level: _____%

Department Address _____
Street City zip

Phone _____ / _____ Fax _____ / _____ Email _____
Street City zip

PLEASE PRINT AND LIST YOUR PREFERRED MAILING ADDRESS. Please check ALL INFORMATION for accuracy.

Please include each trustee's e-mail address so that vital information may be quickly sent to you when necessary.

Trustee President	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	<input type="checkbox"/> Name: _____
		Address: _____ work or home information?
		City: _____ Zip _____ Work #: ()
		Email: _____ Home #: ()

Trustee Secretary	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	<input type="checkbox"/> Name: _____
		Address: _____ work or home information?
		City: _____ Zip _____ Work #: ()
		Email: _____ Home #: ()

Trustee Vice President (Police only)	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	<input type="checkbox"/> Name: _____
		Address: _____ work or home information?
		City: _____ Zip _____ Work #: ()
		Email: _____ Home #: ()

Trustee Assistant Secretary (Police only)	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	<input type="checkbox"/> Name: _____
		Address: _____ work or home information?
		City: _____ Zip _____ Work #: ()
		Email: _____ Home #: ()

Trustee	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	<input type="checkbox"/> Name: _____
		Address: _____ work or home information?
		City: _____ Zip _____ Work #: ()
		Email: _____ Home #: ()

Treasurer	Village/City Address Only	<input type="checkbox"/> Name: _____
		Address: _____
		City: _____ Zip _____ Work #: ()
		Email: _____

BOARD ATTORNEY	Name: _____	Phone: ()
ACTUARY	Name: _____	Phone: ()
CONSULTANT	Name: _____	Phone: ()
MANAGER	Name: _____	Phone: ()