



Office # \_\_\_\_\_

**REQUEST FOR REPLACEMENT OF A LOST CHECK**

I, (print name) \_\_\_\_\_, do hereby swear that I did not receive my (circle one) **annuity / disability / refund** check dated \_\_\_\_\_. I hereby request that a replacement check be issued as soon as possible. I understand that, if the original check is received after this request is submitted, I must return the original check to the Cook County Pension Fund (“the Fund”) office at the address below. I understand that the Fund reserves the right to charge me for any banking fees that may be incurred should I cash the original check, and that such amounts may be deducted from any future annuity, disability, or refund payments the Fund makes to me. Sec. 1-135 of the Illinois Pension Code specifically provides: “Any person who knowingly makes any false statement or falsifies or permits to be falsified any record of a retirement system or pension fund created under this Code [40 ILCS 5/1-101 et seq.] or the Illinois State Board of Investment in an attempt to defraud the retirement system or pension fund created under this Code or the Illinois State Board of Investment is guilty of a Class 3 felony.” [40 ILCS 5/1-135].

**By signing this statement, I agree to comply with the conditions set forth above.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ IS THIS A NEW ADDRESS?  
*(A new address may not be a P.O. Box)* YES NO

\_\_\_\_\_  
City State Zip Code

**Office Use Only:**

Check # \_\_\_\_\_ Initials: \_\_\_\_\_

Gross Amount: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tax W/H: \_\_\_\_\_

Insurance: \_\_\_\_\_

Other: \_\_\_\_\_

Net Amount: \_\_\_\_\_