



Office # _____

TAX CENTER

This form is to be used to request a reprint of my 1099 IRS Tax Form to be mailed to the address listed below: Please return the **signed** form to the Cook County Pension Fund at the address or fax number below.

REQUIRED PARTICIPANT PERSONAL INFORMATION (PLEASE PRINT)

What year tax form do you need reprinted? _____

Last Name, First Name _____

Last 4 Digits of SSN:

Street Address/P.O. Box _____

XXX-XX-

Apt/Unit Number _____

City _____

Type of Benefit:

State _____

DISABILITY

ZIP Code _____

ANNUITY

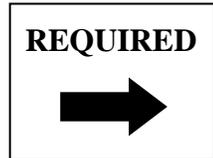
Phone Number _____

REFUND

Yes

Would you like this new address to be your permanent address?

No



Participant Signature _____

Date _____