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| STATE OF ILLINOIS, CIRCUIT COURT _____ COUNTY | Additional Retirement Benefits and Deferred Compensation (FINANCIAL AFFIDAVIT) <input type="checkbox"/> Pre-Judgment <input type="checkbox"/> Post-Judgment | <i>For Court Use Only</i> |
| Instructions ▼ Enter above the county name where the case was filed. Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint. Enter the Case Number given by the Circuit Clerk. | <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Petitioner <i>(First, middle, last name)</i> </div> <div style="text-align: center; padding: 10px 0;">v.</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Respondent <i>(First, middle, last name)</i> </div> | <div style="border-bottom: 1px solid black; padding-bottom: 5px; margin-top: 20px;"> Case Number </div> |

IMPORTANT: If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Fill out this form only if you have additional **Retirement Benefits and Deferred Compensation** plans. If you fill it out, attach this form to your *Financial Affidavit*.

In **15g**, enter information about retirement benefits (vested and non-vested).

FMV means Fair Market Value throughout this form.

15 My Assets

- g. Retirement Benefits and Deferred Compensation (*pension plan, annuity, IRA, 401(k), 403(b), SEP*)
(list FMV and or account balance as of the date of this affidavit)

| | Name of Plan | Type of Plan | FMV or Account Balance |
|-----|--------------|--------------|------------------------|
| 4. | | | \$ |
| 5. | | | \$ |
| 6. | | | \$ |
| 7. | | | \$ |
| 8. | | | \$ |
| 9. | | | \$ |
| 10. | | | \$ |
| 11. | | | \$ |
| 12. | | | \$ |
| 13. | | | \$ |
| 14. | | | \$ |
| 15. | | | \$ |
| 16. | | | \$ |
| 17. | | | \$ |
| 18. | | | \$ |
| 19. | | | \$ |
| 20. | | | \$ |
| 21. | | | \$ |
| 22. | | | \$ |
| 23. | | | \$ |
| 24. | | | \$ |
| 25. | | | \$ |