



Notification of Death

Revised October 2019

Questions? Call 1-800-ASK-IMRF (275-4673).

For more information visit www.imrf.org

Please print in capital letters, using black ink.

DECEASED INFORMATION

Member's Social Security Number	OR IMRF Member ID Number

Deceased's First Name	M.I.	Last Name	Jr., Sr., II, etc.
Date of Birth (MM/DD/YYYY)	Date of Death (MM/DD/YYYY)		

If available, please attach a copy of the death certificate. Print the Social Security Number or IMRF Member ID Number on the copy.

CONTACT PERSON'S INFORMATION

Contact Person's First Name	M.I.	Last Name	Jr., Sr., II, etc.
Mailing Address		County	
City	State	Zip Code (zip+4 if known)	
Telephone	Cell Phone		
Email (If you have a Member Access account, you must update your email through Member Access)			
Relationship of Contact Person to Deceased			

I certify that the above information is correct.

SIGNATURE OF CONTACT PERSON

Signature of Contact Person (write; do not print or type)	Date (MM/DD/YYYY)

Mail your completed form to:

IMRF, 2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337

You can also fax this form to: 630-706-4289 or upload it through Member Access at www.imrf.org.