



MEMBER INFORMATION CHANGE

IMRF Form 6.20 (Rev. 07/11)

PLEASE PRINT OR TYPE

INSTRUCTIONS

- When changing a Social Security number, please attach a copy of the new Social Security card.
- If name change is due to change in marital status, please attach Form 6.11, "Designation of Beneficiary." This form can be downloaded from our web site at www.imrf.org.
- Please file a copy of this form with your employer.
- **Forms must be signed for processing by IMRF.**

PREVIOUS INFORMATION - Complete all items					
MEMBER'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II	SOCIAL SECURITY NUMBER ____ - ____ - ____	
ADDRESS (NUMBER, STREET)		APT #	CITY	STATE ZIP +4	
COUNTY	DAYTIME TELEPHONE (W/AREA CODE)			BIRTH DATE (MM/DD/YY)	
MARITAL STATUS					
<input type="checkbox"/> SINGLE		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CIVIL UNION	
		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> WIDOWED	

CORRECT INFORMATION - Complete all items				NEW ADDRESS EFFECTIVE DATE (MM/DD/YY)	
MEMBER'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II	NEW SOCIAL SECURITY NUMBER ____ - ____ - ____ Attach copy of new Social Security Card	
ADDRESS (NUMBER, STREET)		APT #	CITY	STATE ZIP +4	
COUNTY	DAYTIME TELEPHONE (W/AREA CODE)			BIRTH DATE (MM/DD/YY)	
MARITAL STATUS					
<input type="checkbox"/> SINGLE		<input type="checkbox"/> MARRIED		<input type="checkbox"/> CIVIL UNION	
		<input type="checkbox"/> DIVORCED		<input type="checkbox"/> WIDOWED	

IMRF ACCOUNT STATUS (Check only one please.)	
<input type="checkbox"/> ACTIVE — You currently participate in IMRF.	<input type="checkbox"/> RETIRED — You currently have a retirement claim with IMRF.
<input type="checkbox"/> ACTIVE — You currently have a disability claim with IMRF.	<input type="checkbox"/> INACTIVE — You no longer participate in IMRF. However, you still have funds on account.

SIGNATURE (Member must sign below.)	
X	
_____	_____ DATE (MM/DD/YY)

Mail this completed form to:

Illinois Municipal Retirement Fund
2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337

Member Services Representatives 800/ASK-IMRF (1-800-275-4673)

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OR fax this form to:

Illinois Municipal Retirement Fund
Records Department

FAX #(630) 706-4289