

IN THE CIRCUIT COURT OF THE _____ JUDICIAL
DISTRICT

ILLINOIS COUNTY,

)
)
)
)
)

No. _____

Consent to Issuance of QILDRO
Illinois Municipal Retirement Fund

Member's Name: _____

Member's Social Security Number: _____

Alternate Payee's Name: _____

Alternate Payee's Social Security Number: _____

I, _____, a member of the Illinois Municipal Retirement Fund, hereby irrevocably consent to the issuance of a Qualified Illinois Domestic Relations Order. I understand that under the Order, certain benefits that would otherwise be payable to me, or to my death benefit beneficiaries or estate, will instead be payable to _____ (name of alternate payee). I also understand that my right to elect certain forms of payment of my retirement benefit or member's refund may be limited as a result of the Order.

DATED: _____

SIGNED: _____
(Member's Signature)



Instructions for Member Consent to Issuance of QILDRO Form

Please follow these instructions for completing the consent form on the previous page. Do not alter the form. Doing so will invalidate the consent.

This form is required only if [the IMRF](#) membership began before July 1, 1999, when the QILDRO law was originally enacted. Once signed and submitted to [IMRF](#), the consent form is irrevocable.

Caption:

Enter the court's judicial district and county.

The issuing court must be an Illinois court.

Enter the case caption and case number.

Body:

Fill in the required information for the member and alternative payee.

Signature line:

The consent form must be dated and signed by the consenting member of [the Retirement Fund](#).

