



APPLICATION FOR THE ISSUANCE OF A REPLACEMENT CHECK (LUMP SUM)

IMRF Form TR-6 (Rev. 8/98)

INSTRUCTIONS

- Please complete this form and return it to the Illinois Municipal Retirement Fund.

PLEASE PRINT OR TYPE

Member Information			
Member Name	Social Security Number _ _ _ _ _		Date
Street Address	City	State	Zip Code +4
			Telephone Number

Signature and Acknowledgement	
<p>I certify that I have not received the benefit to which I am entitled from the Illinois Municipal Retirement Fund. I understand that a check in payment of this benefit, drawn on the Northern Trust Company, was issued by IMRF. That check was: (please check one)</p> <p> <input type="checkbox"/> Not received in the mail <input type="checkbox"/> Lost after being received <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen </p> <p>and I have not endorsed the check.</p> <p>I hereby make application for a replacement check. I acknowledge that I am entitled to a single payment of \$ _____</p> <p style="text-align: right; margin-right: 50px;"><small>AMOUNT OF BENEFIT</small></p> <p>from the Illinois Municipal Retirement Fund. I understand that I am required to return the original check to IMRF if it ever comes into my possession. I hereby promise that, under no circumstances, will I negotiate both the replacement check and the original check.</p>	
Signature	Date

For IMRF Use only	
Employer Number	Check Number
Date of Check	Amount of Check

Illinois Municipal Retirement Fund
 2211 York Road, Suite 500, Oak Brook Illinois 60523-2374 630/368-1010
Service Representatives 800/ASK-IMRF (1-800-275-4673)