



Applying for Your IMRF Pension

Congratulations on your upcoming retirement!

Exhibit 5B

Page 1 of 4

Please use this checklist when applying for IMRF retirement benefits.

1. File this form one month before your retirement date.

- Include required documents (**copies** not originals) with your application. **Print your Social Security number on all documents** you attach to this form.
 - **Married or in a civil union for at least one year:** your Birth Certificate and your Marriage Certificate or Civil Union Certificate.
 - **Divorced:** your Birth Certificate and your Judgment of Dissolution of Marriage/Civil Union (Divorce Decree) - **first page and Judge's signature page only.**
 - **Widowed, never married, or never in a civil union:** your Birth Certificate.
- If you do not have all the required documents, submit your completed application without them. Send any missing documents to IMRF as soon as possible.
- You may mail or fax the form and materials to IMRF. **Fax # (630) 706-4289**

DATE FORM MAILED/FAXED TO IMRF _____

DOCUMENTS INCLUDED:

(Check box if mailed/faxed with form. Fill in date next to item if mailed/faxed later.)

- ☐ Birth Certificate _____
- ☐ Marriage Certificate _____
- ☐ Civil Union Certificate _____
- ☐ Judgment of Dissolution of Marriage/Civil Union (Divorce Decree) - **first page and Judge's signature page only.**

2. This form contains Form 5.20 and Form 1199:

Form 5.20 Application for IMRF Pension and Form 1199 Application for Direct Deposit. Please complete both Form 5.20 and Form 1199 and **return both forms together at the same time.***

- Be sure to **sign both forms.**
- **Direct Deposit of your monthly benefit payment is mandatory.** Your payment **must be directly deposited** into your checking, savings or a brokerage account.

FORM 5.20/1199 COMPLETION:
*(Check these key boxes to ensure you have completed the paper form fully.)**

- ☐ Member information provided
- ☐ Spouse/marital status information provided, if applicable
- ☐ Reciprocal service information provided, if applicable
- ☐ Both forms signed by Member
- ☐ Direct Deposit information provided

3. Next steps:

- **After we receive your application,** you will receive an IMRF Retirement Packet, which contains:
 - *Insights for Retiring Members* booklet
 - **IMRF Form 6.11A**, "Designation of Beneficiary for Annuitants" (**Return immediately.***)
 - **IMRF Form W4-P**, "Withholding Certificate for Pension or Annuity Payments" (**Return immediately.***)
 - Health Insurance Continuation Form (*paper format only*)
 - Self-addressed return envelope

ADDITIONAL FORMS SUBMITTED:
(Check box and fill in date next to item if form was mailed, faxed, or electronically submitted via Member Access.)

- ☐ IMRF Form 6.11A _____
- ☐ Form W4-P _____
- ☐ Health Insurance Continuation Form _____

***NOTE:** You can submit Forms 5.20, 1199, 6.11A and W4-P online via **Member Access.** See following page for more information regarding **IMRF's Member Access.**

**Be sure to create a
Member Access
account so you can
have 24/7 access
to your
IMRF records!**

www.imrf.org/myimrf

Illinois Municipal Retirement Fund

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

Member Services Representatives: 1-800-ASK-IMRF (1-800-275-4673) FAX: 630-706-4289

www.imrf.org

Q When will I receive my first pension payment?

A For the typical member who leaves his or her IMRF employer and is immediately eligible to draw their pension, the *effective* date will be the first of the month following your last day of work. Even though the pension is *effective* on a certain date does not mean that a member will receive a payment on that date. To release your payment, we need to have a properly-completed Form 5.20 (Application for IMRF Pension) from you and Form 6.41 (Notice of Termination) from your employer stating that you are no longer an employee. Once we have these two items, it generally takes about two weeks to direct deposit your first pension payment.

Q How do I choose the Optional Plan (*the plan that pays more money up front and, at age 62, is reduced*)?

A Typically, an Option Letter is mailed to you about six or eight weeks after you receive your final paycheck. The letter asks you to choose between the *Standard Plan* and the *Optional Plan*. In the meantime, you will start receiving your pension based on the Standard Plan. If you choose the Optional Plan, IMRF will issue an adjusting payment to you for the difference between the Standard and Optional Plan for the pension payments you have already received. It generally takes approximately two weeks to process this adjusting payment.

Q Is the time frame for receiving the Option Letter the same for a member retiring under the Reciprocal Act (*the coordination of your IMRF service with another public retirement system in Illinois*)?

A It generally takes longer to process retirements this way due to the coordination between IMRF and the Reciprocal retirement system(s).

Q Since my pension payment will be direct deposited, how will I know how much money is being deposited into my account?

A You will receive a notice for the first payment that is direct deposited. Thereafter, you will receive a notice three times a year, advising you of the amount being deposited. These notices are sent in January, July (with the “13th payment,” once eligible), and in December. If at any other time during the year your deposit amount changes, we will send you a notice. Federal withholding or health insurance deductions are the most common reasons for mid-year changes to a member’s deposit amount. You may also find your monthly deposit amount via your IMRF Member Access account. See below for more information.

Create a Member Access account...

Using your IMRF Member Access account will be a great help when completing your retirement process. You will also be able to:

- Register for an IMRF Retiree Workshop
- View and change your beneficiary information
- Change your Direct Deposit information (1199)
- Change your personal information securely
- Submit forms (*5.20, 6.11A and W4-P*) online
- Access annual 1099-R tax forms
- Change your withholding information (W4-P)
- Review your annual Retiree Benefit Statement

Log on to www.imrf.org/myimrf to create your Member Access account today.

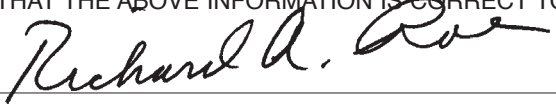


APPLICATION FOR IMRF PENSION

IMRF Form 5.20 (Rev. 06/2012)

PLEASE PRINT OR TYPE

You can complete and submit this form electronically via **Member Access**. You can print paper forms from www.imrf.org.

MEMBER'S FIRST NAME MIDDLE INITIAL LAST JR., SR., II, ETC. Richard A. Roe			SOCIAL SECURITY NUMBER 000 - 00 - 0000		
MEMBER'S MAILING ADDRESS 123 Spruce Street					
CITY Anywhere		STATE IL	ZIP+4 60000-0000	GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MEMBER'S BIRTH DATE (MM/DD/YY) 9/3/1950		DAYTIME TELEPHONE NO. (000) 000 - 0000		LAST DAY OF WORK (MM/DD/YY) 6/1/2012	
MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED				GENDER OF SPOUSE <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
SPOUSE'S FIRST NAME MIDDLE INITIAL LAST JR., SR., II, ETC. Jane M. Smith				SPOUSE'S SOCIAL SECURITY NUMBER 000 - 00 - 0000	
DATE OF MARRIAGE/CIVIL UNION (MM/DD/YY) 6/14/1982				SPOUSE'S DATE OF BIRTH (MM/DD/YY) 8/1/1953	
SERVICE WITH OTHER ILLINOIS PUBLIC RETIREMENT SYSTEMS (SUCH AS STATE EMPLOYEES', STATE TEACHERS', ETC.) IF YOU ARE ALREADY RECEIVING RETIREMENT BENEFITS FROM THE SYSTEM, PLEASE DO NOT LIST IT HERE.					
NAME OF SYSTEM		FROM		DATES TO	
State Employee's Retirement System (SERS)		6/2/1984		6/30/1986	
IF YOU WILL RETIRE UNDER IMRF EARLY RETIREMENT INCENTIVE, SUBMIT FORM 5.21 , "NOTICE TO RETIRE UNDER ERI." INDICATE THE YEARS / MONTHS YOU WISH TO PURCHASE:					
_____ YEARS _____ MONTHS					
I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
X  MEMBER'S SIGNATURE (WRITE; DO NOT PRINT OR TYPE)				May 1, 2012 DATE	

Completed form may be mailed to: **Illinois Municipal Retirement Fund**

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

Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) FAX: 630-706-4289

www.imrf.org



APPLICATION FOR DIRECT DEPOSIT

IMRF Form 1199 (07/07) - **Included with Form 5.20**

This form should be completed by the Benefit Recipient
(IMRF Member or the person receiving the IMRF benefit payment).

You can complete and submit this form
electronically via **Member Access**. You can print
paper forms from www.imrf.org.

MEMBER/ANNUITANT'S FIRST NAME MIDDLE INITIAL LAST JR., SR., II, ETC.

Richard A. Roe

SOCIAL SECURITY NUMBER

000 - 00 - 0000

ACCOUNT INFORMATION

Important: The name of the person who will receive the IMRF benefit payments must be on this account. Please provide the information requested below. If you are unsure of any of the requested information, contact the financial institution where you have your account. (See the bottom of this page for more information.)

NAME OF FINANCIAL INSTITUTION

First Bank of Anywhere

BRANCH TELEPHONE NUMBER

(000) 000 - 0000

BRANCH ADDRESS (NUMBER, STREET)

123 Main Street

CITY

Anywhere

STATE

IL

ZIP

60000

ACCOUNT NUMBER

1122334455

FINANCIAL INSTITUTION ROUTING NUMBER (SEE BELOW)

1	2	3	4	5	6	7	8	9
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TYPE OF ACCOUNT



CHECKING



SAVINGS

I authorize and request the Illinois Municipal Retirement Fund to direct IMRF recurring payments for crediting to my account at the financial organization designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial organization designated reserves the right to cancel this agreement by notice to me; however, this authorization will remain in effect with IMRF until cancelled by notice from me or by my death. Further, I understand and agree that **IMRF will stop direct deposit if I fail to keep IMRF informed of my current address.** I also permit the release by the bank or financial institution of my current address to IMRF. I understand that a new form 1199 is required if I change my financial institution, my account number or my name.

X

Signature of Benefit Recipient, Power of Attorney*, or Guardian*

*Attach court documents if not already submitted

May 1, 2012

Date

FINANCIAL INSTITUTION ROUTING NUMBER

A routing number is a nine-digit number, and is a completely separate number from your account number.

If you have a savings or brokerage account, you should call the financial institution where you have your account to obtain the correct routing number.

If you have a checking account, see the sample at right for how to get your account number and the correct routing number from your blank checks. (Note: If you have temporary checks, call the financial institution where you have your account to obtain the correct routing number.)

Mary Member
John Member
123 Main Street
Anywhere, IL 60606

Date _____

Pay to the Order of _____ \$ _____ Dollars

SAMPLE

Bank of Anywhere
Anywhere, IL 00000

For _____

Nine-digit Routing Number
1234567891

Account Number
1122334455

9676

Do not include the check number as part of your account number. (The check number is generally printed immediately after your account number.)

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