



APPLICATION FOR DEATH BENEFIT

IMRF Form 5.30 (Rev. 07/11)

PLEASE PRINT OR TYPE

Exhibit 5D
BENEFITS

PLEASE PRINT MEMBER'S SOCIAL SECURITY NUMBER ON ALL DOCUMENTS; DO NOT ATTACH DOCUMENTS IF PREVIOUSLY SUBMITTED TO IMRF

SECTION 1 — DECEASED INFORMATION

DECEASED'S FIRST NAME John	MIDDLE INITIAL S.	LAST Roe	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER 000 00 0000
DATE OF BIRTH (MM/DD/YY) 06/02/1949			DATE OF DEATH (ATTACH COPY OF DEATH CERTIFICATE*) 06/25/2006	

SECTION 2 — APPLICANT INFORMATION

APPLICANT'S FIRST NAME Jane	MIDDLE INITIAL M.	LAST Roe	JR., SR., II, ETC.	GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
HOME STREET (MAILING) ADDRESS 123 Poplar Street			CITY Anywhere	STATE AND ZIP (+4 IF KNOWN) IL 60000
HOME TELEPHONE NO. (000) 000-0000			DAYTIME TELEPHONE NO. (IF DIFFERENT FROM HOME NO.) (111) 111-1111	
RELATIONSHIP OF APPLICANT TO DECEASED Wife		SOCIAL SECURITY NO. OR FEDERAL EMPLOYER ID NO. (FEIN) FOR TAX PURPOSES 000-11-2222		
APPLICANT'S DATE OF BIRTH (MM/DD/YY) 04/20/1951		DATE OF MARRIAGE/CIVIL UNION IF APPLICANT IS SURVIVING SPOUSE OF DECEASED 09/10/1970		

SECTION 3 — WORKERS' COMPENSATION OR OCCUPATIONAL DISEASE BENEFITS

(A) Was the deceased receiving Workers' Compensation or Occupational Disease Benefits?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
(B) Have you applied, or will you apply, for Workers' Compensation or Occupational Disease survivor benefits?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME OF INSURER	
INSURER'S MAILING ADDRESS	CITY
STATE AND ZIP (+4 IF KNOWN)	TELEPHONE NUMBER WITH AREA CODE
(C) If you received, or are receiving, Worker's Compensation or Occupational Disease survivor benefits, give benefit amount below: \$ _____ per week \$ _____ lump sum	

SECTION 4 — OTHER SERVICE OF CREDIT

Service of deceased with other Illinois public retirement systems (such as State Employees, State Teachers, State Universities, Judges, Cook County, Chicago Municipal, etc).

NAME OF SYSTEM	DATES OF SERVICE
----------------	------------------

I certify that the above information is correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE (PLEASE WRITE - DO NOT PRINT!) X Jane Roe	DATE June 30, 2006
---	------------------------------

Illinois Municipal Retirement Fund

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

Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) • www.imrf.org