



MEMBER INFORMATION CHANGE

IMRF Form 6.20 (Rev. 08/2013)

Exhibit 6Q

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 or processed via your IMRF Member Access online account. Log on to: www.imrf.org/myimrf
- Please file a copy of this form with your employer.
- **Forms must be signed for processing by IMRF.**

NOTE: You may also change your name, address, telephone number and marital status via IMRF Member Access. Log on to: www.imrf.org/myimrf

PREVIOUS INFORMATION - Complete all items

| | | | | |
|--|--|--|--|--|
| MEMBER'S LAST NAME Jones | FIRST NAME Mary | MIDDLE INITIAL A. | JR., SR., II | SOCIAL SECURITY NUMBER 000 - 00 - 0000 |
| STREET (MAILING) ADDRESS 123 Ash Avenue | | CITY, STATE AND ZIP City of Anywhere, IL 60000 | | |
| COUNTY Happy | DAYTIME TELEPHONE NUMBER (with Area Code) (000) 000 - 0000 | | BIRTH DATE (MM/DD/YYYY) 09/03/1950 | |
| 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 | | | | |

CORRECT INFORMATION - Complete all items

| | | | | |
|--|---|---|--|---|
| NEW ADDRESS EFFECTIVE DATE (MM/DD/YYYY) 06/15/2014 | | | | |
| MEMBER'S LAST NAME Jones | FIRST NAME Mary | MIDDLE INITIAL A. | JR., SR., II | NEW SOCIAL SECURITY NUMBER 000 - 00 - 0000 Attach copy of new Social Security Card |
| STREET (MAILING) ADDRESS 417 Addison Avenue | | CITY, STATE AND ZIP Elsewhere, IL 61111 | | |
| COUNTY Charmed | DAYTIME TELEPHONE (with Area Code) (000) 000 - 0000 | | BIRTH DATE (MM/DD/YYYY) 09/03/1950 | |
| 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 | | | | |

IMRF ACCOUNT STATUS (Check only one please.)

| | |
|---|---|
| <input checked="" 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/YYYY) |
|----------|-------------------|

Mail this completed form to:
Illinois Municipal Retirement Fund
2211 York Road, Suite 500, Oak Brook, Illinois

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

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**Member information changes
can be submitted online
via the secure Employer Access area
of IMRF's website, www.imrf.org.
Refer to Section 2, Paragraph 2.90**

to:
Retirement Fund
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1-800-275-4673