



ELECTION TO CONTRIBUTE UNDER ADDITIONAL POSITION

Exhibit 6U

IMRF Form 6.23 (6/99)

INSTRUCTIONS

- A member who currently participates and also holds a nonqualifying elective office or works in a city hospital position with the same employer, has the **option** of making member contributions under the additional position.
- Use this form for an IMRF member who currently works in a qualifying position and is electing to contribute member contributions through a position which does not qualify for participation in and of itself.
- A participating member who holds an elective office that qualifies for participation in and of itself should file IMRF Form 6.21, "Election to Participate for Qualifying Position." You can refer to the Manual for Authorized Agents, Section 3.65 for more information.
- After filing this form, the Authorized Agent should promptly notify the payroll unit to deduct the member IMRF contributions from the member's next payroll earnings and to report the contributions on their Monthly Deposit Report.
- If this position becomes qualifying at a later date, this election may not be revoked, and the employer must file IMRF Form 6.64, "Resolution Relating to Participation by Elected Officials," certifying that the position qualifies for participation in IMRF.**

PLEASE PRINT OR TYPE — USE BLACK INK

Member's First name Robert	Middle Initial J.	Last Doe	Jr., Sr., II, etc.	Social Security Number 0 0 0 0 2 3 4 5 6
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Qualifying Position Title Accounting Manager	Is position: Elected/Appointed Official <input type="checkbox"/> Y <input checked="" type="checkbox"/> N City Hospital Worker <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Additional Position Title Alderman	Is position: Elected/Appointed Official <input checked="" type="checkbox"/> Y <input type="checkbox"/> N City Hospital Worker <input type="checkbox"/> Y <input checked="" type="checkbox"/> N

Employer name City of Anywhere	Employer IMRF I.D. Number 9999
Street (mailing) address 600 Main Street	City, State and Zip + 4 Anywhere, IL 60000-1111

CERTIFICATION BY MEMBER

I certify that I am currently participating in the Illinois Municipal Retirement Fund, am electing to participate under the additional position listed above and have authorized payroll deductions to be made from my earnings as required under the Illinois Municipal Retirement Fund Act. **If this position becomes qualifying at a later date, I understand that this election may not be revoked except as provided by law.** I further understand that if I stop participating under a qualifying position, I will not be allowed to make member contributions under this additional position.

Robert J. Doe August 18, 2006
Signature of Member Date

CERTIFICATION BY AUTHORIZED AGENT

I certify that the above named member currently participates in IMRF through the employer listed above and that he/she occupies both positions.

Allen Agent August 18, 2006
Signature of Authorized Agent Date

Illinois Municipal Retirement Fund

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

Service Representatives 1-800-ASK-IMRF (1-800-275-4673 7:30 A.M. to 5:30 P.M.)