



REVOCATION OF ELECTION TO PARTICIPATE IN ELECTED COUNTY OFFICIAL PLAN

Exhibit 6W

IMRF Form 6.28 (Rev. 05/2013)

PLEASE PRINT

SECTION 1 — MEMBER INFORMATION				
MEMBER'S LAST NAME Member	FIRST Mary	MIDDLE INITIAL A.	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER 000 - 00 - 0000
CURRENT OFFICE TITLE County Auditor			CURRENT OFFICE EXPIRES ON (MM/DD/YYYY) 11/2/2013	

SECTION 2 — EMPLOYER INFORMATION	
EMPLOYER NAME County of Anywhere	EMPLOYER IMRF I.D. NUMBER 00000

SECTION 3 - CERTIFICATION BY ELECTED COUNTY OFFICIAL	
<p>I hereby revoke my previous election to participate in the IMRF Elected County Official (ECO) plan. My participation in IMRF will continue. I understand that by revoking my election in the ECO Plan, I will:</p> <ul style="list-style-type: none"> • Freeze my ECO final rate of earnings, and • NOT be eligible to participate in the ECO plan at a future date, and • NOT be eligible to apply to convert any Regular or SLEP Service credit as ECO service credit, and • Continue to participate in the Illinois Municipal Retirement Fund in the Regular IMRF or SLEP plan (as appropriate), and • Be eligible only for Regular/SLEP plan death benefits (Surviving Spouse pension of 50%) until I retire with an ECO pension, and • Be eligible for ECO member death benefits only when I retire with an ECO pension. <p>I further understand and agree that this revocation of participation in the ECO plan MAY NOT BE RESCINDED. I will not be eligible to earn IMRF ECO service credit now or in the future.</p>	
SIGNATURE (WRITE - DO NOT PRINT OR TYPE)* X	DATE (MM/DD/YYYY) 07/14/2013

***NOTE:** • If you joined ECO before January 26, 2000, the revocation is effective on the last day of the month, e.g., if the form is signed on March 2nd, the revocation is effective on March 31st.
• If you joined ECO on or after January 26, 2000, the revocation is effective on the date this form is signed.

SECTION 3 - AUTHORIZED AGENT'S CERTIFICATION		
AUTHORIZED AGENT'S NAME (Please print.) Annie Agent		TITLE Business Manager
DAYTIME TELEPHONE NUMBER (with Area Code) (000) 000 - 0000	FAX NUMBER (with Area Code) (000) 111 - 2222	EMAIL ADDRESS aagent@countyofanywhere.com
<p>Information required only for those members who joined ECO prior to January 26, 2000. Do NOT complete if member joined ECO on or after January 26, 2000.</p> <p>I certify that the above-named member currently participates in IMRF through the employer listed above and that he/she occupies a qualifying position.</p> <p>1. Please enter the member's final annual salary earned as a member of the ECO plan\$ 36,375.77</p> <p>2. Please enter the member's annual stipend as a member of the ECO plan\$ 1,500.00</p>		
SIGNATURE OF AUTHORIZED AGENT X <i>Annie Agent</i>		DATE (MM/DD/YYYY) 07/14/2013

Illinois Municipal Retirement Fund

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

www.imrf.org