



Applying for Your IMRF Pension

Congratulations on your upcoming retirement!

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 IMRF Member ID 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. We cannot process your retirement application without the required documents.
- Your initial pension will be an estimated amount. Your payment amounts may be adjusted as IMRF receives your final wage information.
- 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 additional information from IMRF about your retirement. It will include details about:
 - **IMRF Form 6.11A,** "Designation of Beneficiary for Annuitants"*
 - **IMRF Form W4-P,** "Withholding Certificate for Pension or Annuity Payments"*
 - Health Insurance Continuation
 - The benefits of Member Access and how to sign up for an account

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 6.11A, W4-P, and more 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

IMRF

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

Frequently Asked Questions

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 forms (along with other required documents such as your birth certificate), 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 (up to six months) to process retirements this way due to the coordination between IMRF and the Reciprocal retirement system(s). Note: If you are retiring under the Reciprocal Act, you must apply for retirement with your other retirement system(s) at the same time you apply for retirement with IMRF.

If you have enough service credit to be vested in each system separately, we may be able to pay you an estimated IMRF standard benefit until we get your reciprocal information. Visit www.imrf.org/reciprocal-service for more information.

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

A You can access up-to-date information about your monthly deposits through your Member Access account. To view the amount of your direct deposit, log into your account at www.imrf.org, click "My Account" in the pull-down menu, and then click "Payment History." There you can view your past IMRF pension payments by month and year. Once you log in, you can also view past EFT (direct deposit) statements by clicking "EFT and Tax Statements" under "Quick Links" on the right side of the page.

If you don't yet have a Member Access account, visit www.imrf.org to create your account today.

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 to create your Member Access account today.



APPLICATION FOR IMRF PENSION

IMRF Form 5.20 (Rev. 12/2020)

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.			IMRF MEMBER ID OR LAST 4 DIGITS OF SSN		
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MEMBER'S MAILING ADDRESS					
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CITY		STATE		ZIP+4		GENDER	
						<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

MEMBER'S BIRTH DATE (MM/DD/YY)		DAYTIME PHONE NO.		IS THIS A CELL PHONE NO.?		LAST DAY OF WORK (MM/DD/YY)	
				<input type="checkbox"/> YES <input type="checkbox"/> NO			

EMAIL*				<i>*If you have an IMRF Member Access account, you must update your email through Member Access</i>			
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MARITAL STATUS				GENDER OF SPOUSE			
<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			

SPOUSE'S FIRST NAME MIDDLE INITIAL LAST JR., SR., II, ETC.				SPOUSE'S SOCIAL SECURITY NUMBER			
				_____ - _____ - _____			

DATE OF MARRIAGE/CIVIL UNION (MM/DD/YY)				SPOUSE'S DATE OF BIRTH (MM/DD/YY)			

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	DATES	
	FROM	TO

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.
 I ALSO CERTIFY THAT I AM IN COMPLIANCE WITH SEPARATION OF SERVICE RULES, WHICH STATE THAT:
 • I WILL NOT WORK IN ANY CAPACITY FOR ANY IMRF EMPLOYER FOR AT LEAST 60 DAYS AFTER MY PENSION START DATE.
 • I DO NOT HAVE ANY PRE-ARRANGEMENT, FORMAL OR INFORMAL, TO RETURN TO WORK FOR ANY IMRF EMPLOYER IN ANY CAPACITY.

X _____ DATE _____
MEMBER'S SIGNATURE (WRITE; DO NOT PRINT OR TYPE)



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.	IMRF MEMBER ID OR LAST 4 DIGITS OF SSN
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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	BRANCH TELEPHONE NUMBER
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BRANCH ADDRESS (NUMBER, STREET)	CITY	STATE	ZIP
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ACCOUNT NUMBER

FINANCIAL INSTITUTION ROUTING NUMBER (SEE BELOW)	TYPE OF ACCOUNT
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> CHECKING <input type="checkbox"/> 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 _____ Date _____
 Signature of Benefit Recipient, Power of Attorney*, or Guardian*
 *Attach court documents if not already submitted

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 **SAMPLE** \$ _____

Bank of Anywhere
Anywhere, IL 00000

For _____

①:123456789① ②1122334455② || 9676

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

Completed form may be mailed to: **IMRF**
 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