



SPECIAL NEEDS ANNUITY APPLICATION

IMRF Form 5.20R (11/2021)

INSTRUCTIONS

- With a Special Needs Annuity, you choose to reduce your monthly pension so you may either:
 - Provide your surviving spouse with a pension separate from the IMRF surviving spouse pension **OR**
 - Provide a monthly pension payable upon your death to some other individual
- Refer to the back of this form for details on how a Special Needs annuity is calculated.
- **Be sure to read “Restrictions and Limitations” on the back of this form.**
- After your pension is processed, IMRF will mail you an option letter. The option letter will provide three Special Needs annuities (three reduced pension amounts) and the amount of the pension payable under each to the individual you name on this form (Section 2).
- You can fax this completed form to IMRF at (630) 706-4289 or mail it to the address below.
- A completed **IMRF Form 5.20**, “Application for Retirement Annuity (Pension)” is required at the time of your retirement.

PLEASE PRINT

SECTION 1 - MEMBER INFORMATION				
MEMBER'S LAST NAME	FIRST	MIDDLE INITIAL	JR., SR., II, ETC	IMRF MEMBER ID
STREET (MAILING) ADDRESS				DAYTIME TELEPHONE NUMBER (w/Area Code)
CITY, STATE AND ZIP				

SECTION 2 - SPECIAL NEEDS BENEFICIARY - INFORMATION ABOUT THE INDIVIDUAL WHO WILL RECEIVE THE ADDITIONAL ANNUITY				
LAST NAME	FIRST	MIDDLE INITIAL	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER
STREET (MAILING) ADDRESS				DAYTIME TELEPHONE NUMBER (w/ Area Code)
CITY, STATE AND ZIP		DATE OF BIRTH* (MM/DD/YYYY)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
IS THIS INDIVIDUAL YOUR CURRENT SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, PROVIDE RELATIONSHIP TO YOU) _____				

SECTION 3 - MEMBER ACKNOWLEDGMENT AND SIGNATURE	
By signing and submitting this form, you acknowledge (1) Once you agree to reduce your pension, the reduction is permanent and (2) You cannot change the individual you named above who will receive a pension after your death.	
MEMBER SIGNATURE (WRITE - DO NOT PRINT.) X	DATE (MM/DD/YYYY)

*Attach copy of the Special Needs Beneficiary’s birth certificate. **Also, print your name and IMRF ID Number on the copy of the birth certificate.**

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

What is a Special Needs (Reversionary) Annuity?

- Under the Special Needs Annuity option, you choose to receive a lower pension amount so that upon your death, after your retirement, you can provide:
 - Your surviving spouse with a pension in addition to the IMRF surviving spouse pension or
 - A monthly pension payable to some other individual, for example, to your current spouse if he or she is not eligible for an IMRF surviving spouse pension, or to a child, ex-spouse, or any other person.

How is the reduction in your pension determined?

- When you retire, an estimated “total pension payout” for your monthly pension is calculated, that is, the total amount of all pension payments you can expect to receive during your lifetime.
- The “total pension payout” to you and to the individual you name cannot be greater than the total pension payout if you did not choose the Special Needs option.
- Therefore, the younger the age of the individual you name, the greater will be the reduction in your monthly pension. For example, if you name a child, the child may receive pension payments for 40, 50, or 60 years. The reduction in your pension would be greater than if you name an individual who is closer in age to you.

Your choices under the Special Needs option

The percentage of the pension payable to the individual you name (the “Special Needs Beneficiary”) depends upon whether you have a spouse eligible for an IMRF surviving spouse pension. If you elect the Special Needs option and:

Beneficiary Scenario	Tier 1 Benefits*	Tier 2 Benefits
<p>Your spouse is eligible for a surviving spouse pension (married to you for at least one year <i>and</i> on the effective date of your retirement).</p> <p>NOTE: <i>You are not required to name your spouse; you can name any individual to receive a Special Needs Annuity.</i></p>	<p>Upon your death:</p> <ul style="list-style-type: none"> • Your spouse will receive a surviving spouse pension equal to 50% of your unreduced pension. • Your Special Needs Beneficiary will receive an additional pension equal to 25%, 35% or 40% of the reduced pension you had been receiving. 	<p>Upon your death:</p> <ul style="list-style-type: none"> • Your spouse will receive a surviving spouse pension equal to 66-2/3% of your unreduced pension. • Your Special Needs Beneficiary will receive an additional pension equal to 8% or 18% of the reduced pension you had been receiving.
<p>You have no spouse or your spouse is not eligible for a surviving spouse pension.</p>	<p style="text-align: center;">Benefits Same for Tier 1 and Tier 2</p> <p>Upon your death:</p> <ul style="list-style-type: none"> • Your Special Needs Beneficiary will receive an additional pension equal to 50%, 75%, or 100% of the reduced pension you had been receiving. 	

*If you participate in IMRF’s Elected County Official plan, you have different percentage options. Contact IMRF for more information.

Limitations and restrictions of a Special Needs option:

1. You can name only one individual to receive this pension. You cannot name a trust or institution.
2. This pension can be paid to *any* individual you name, whether or not a relative or your spouse.
3. If you choose to receive a reduced pension, you **cannot** change the A) individual who will receive the pension after your death or B) amount of the reduced pension you will receive.
4. If the individual you name predeceases you, the pension that would have been paid to him or her is no longer payable. Your pension will **not** be adjusted. Once you agree to reduce your pension, the reduction is **permanent**.
5. You cannot choose a Special Needs Annuity if you only have IMRF service credit between January 1, 1986 and August 16, 1997 – please contact IMRF for more information.

Illinois Municipal Retirement Fund

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