



# APPLICATION TO SERVE AS REPRESENTATIVE PAYEE FOR ANNUITANT

IMRF Form 5.60 (Rev. 04/2018) *Please print—use black ink*

## INSTRUCTIONS

- You should submit this form if you have assumed the responsibility for the care of an IMRF annuitant who is physically unable to sign his or her check or is mentally incompetent to handle his or her own affairs.
- Annuity payments must be used solely for the use and benefit of the annuitant.**

## SECTION 1 — IMRF ANNUITANT AND REPRESENTATIVE PAYEE INFORMATION

IMRF Annuitant's Last Name	First	Middle Initial	Jr., Sr., II, etc.	IMRF Member ID or Last 4 Digits of SSN
Rep. Payee's Last Name	First	Middle Initial	Jr., Sr., II, etc.	Rep. Payee's Social Security Number
Rep. Payee's Street Address	City	State	Zip Code +4	Relationship to IMRF Annuitant
Is the annuitant in a hospital, nursing home or institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is YES, give name and address of facility:				Rep. Payee's Telephone Number
<p><b>I hereby certify that I have assumed the responsibility for the care of the annuitant who is unable to use these benefits in his/her own interest and I will use the proceeds of the IMRF annuity checks solely for the use and benefit of the annuitant.</b> I agree, if requested by the Board of Trustees, to submit a report to IMRF stating the manner in which such annuity was used, and to immediately notify IMRF in the event of the annuitant's death. I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud IMRF is guilty of a Class 3 felony. If the IMRF Board has a reasonable suspicion that a false record has been filed with the Fund, it is required to report the matter to the appropriate state's attorney for investigation.</p>				
Signature of Representative Payee <b>X</b>				Date (MM/DD/YY)

## SECTION 2 — PHYSICIAN'S STATEMENT

Physician's Name (please print)		Telephone
Street (Mailing) Address	City	State Zip Code +4
Diagnosis of present condition		
How long has this condition existed?	How long has the patient been under your care?	
When did you last examine the patient?	Prognosis	
<p><b>I hereby certify that the above statements and answers are true to my best information, knowledge and belief.</b> I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud IMRF is guilty of a Class 3 felony. If the IMRF Board has a reasonable suspicion that a false record has been filed with the Fund, it is required to report the matter to the appropriate state's attorney for investigation.</p>		
Signature of Physician <b>X</b>	Title	Date (MM/DD/YY)

### IMRF

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