



# MEMBER INFORMATION CHANGE

IMRF Form 6.20 (Rev. 08/2013)

**PLEASE PRINT OR TYPE**

## INSTRUCTIONS

- When changing a Social Security number, please attach a copy of the new Social Security card.
- If name change is due to change in marital status, please attach Form 6.11, "Designation of Beneficiary." You can download **Form 6.11** from our website or update your beneficiaries online through **Member Access** at **www.imrf.org**
- Please file a copy of this form with your employer.
- **Forms must be signed for processing by IMRF.**

**NOTE:** You may also change your name, address, telephone number and marital status through Member Access.

Log on to: [www.imrf.org](http://www.imrf.org)

<b>PREVIOUS INFORMATION - Complete all items</b>				
MEMBER'S LAST NAME	FIRST NAME	MIDDLE INITIAL	JR., SR., II	IMRF MEMBER ID OR LAST 4 DIGITS OF SSN
STREET (MAILING) ADDRESS			CITY, STATE AND ZIP	
COUNTY	DAYTIME TELEPHONE NUMBER (with Area Code)		BIRTH DATE (MM/DD/YYYY)	
MARITAL STATUS				
<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED				

<b>CORRECT INFORMATION - Complete all items</b>				NEW ADDRESS EFFECTIVE DATE (MM/DD/YYYY)
MEMBER'S LAST NAME	FIRST NAME	MIDDLE INITIAL	JR., SR., II	NEW SOCIAL SECURITY NUMBER ____ - ____ - ____ Attach copy of new Social Security Card
STREET (MAILING) ADDRESS			CITY, STATE AND ZIP	
COUNTY	DAYTIME TELEPHONE (with Area Code)		BIRTH DATE (MM/DD/YYYY)	
MARITAL STATUS				
<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED				

<b>IMRF ACCOUNT STATUS (Check only one please.)</b>	
<input type="checkbox"/> <b>ACTIVE</b> — You currently participate in IMRF.	<input type="checkbox"/> <b>RETIRED</b> — You currently have a retirement claim with IMRF.
<input type="checkbox"/> <b>ACTIVE</b> — You currently have a disability claim with IMRF.	<input type="checkbox"/> <b>INACTIVE</b> — You no longer participate in IMRF. However, you still have funds on account.

<b>SIGNATURE (Member must sign below.)</b>	
<b>X</b> _____	_____ DATE (MM/DD/YYYY)

Mail this completed form to:  
**IMRF**  
 2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337  
 Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)

**OR** fax this form to:  
**IMRF**  
 Records Department  
**FAX #(630) 706-4289**