



IMRF TRANSFER TO ARTICLE 3 POLICE PENSION FUND

IMRF Form 6.91 (08/2021)

Time-sensitive document - see imrf.org for details

Your Police Pension Fund Information

Name of Pension Fund _____

Address _____

Street Address

City, State, Zip

Telephone () _____ Alternate Phone () _____

Contact Person _____ Title _____

E-mail Address _____

Your Information

Full Name of Police Officer _____

Last

First

M.I.

Last 4 Digits of Social Security #: _____ Email Address: _____

Home Address _____

Street Address

Apt. #

City, State, Zip

Telephone () _____ Alternate Phone () _____

Forfeited/Refunded IMRF Service Credit

Do you have any refunded IMRF service credit you want to reinstate and transfer to your police pension fund? No Yes

If yes, complete the following:

If you previously used a different name with IMRF, please indicate: _____

Year(s) in which you received your refund check(s): _____

IMRF Coverage Period(s) _____

You must submit job description and proof of sworn officer status with your completed form.

Please note: if you reinstate your forfeited IMRF service credit but do not transfer the service to your police pension fund, IMRF cannot return your payment for the reinstatement. You will be required to submit IMRF Form 5.10, "Application for Separation Refund," and will be subject to required tax withholding and other limitations explained on Form 5.10.

Police Officer Signature

Date

Return this form and documentation to IMRF by logging into Member Access (www.imrf.org) and attaching it to a Secure Message. You can also fax it to 630-706-4289. Or mail it to IMRF, 2211 York Road, Suite 500, Oak Brook, IL 60523-2337.

For IMRF Use Only: IMRF PARTICIPATION INFORMATION

IMRF FEIN # 36-6001368

Coverage Period Transferred	Service Amount	Yrs.	Mos.
Coverage Period Transferred	Service Amount	Yrs.	Mos.

Total Transfer Amount \$	Tax-deferred Portion \$	Previously-taxed Portion \$
Total Member Contributions \$	Total Member Interest \$	Employer Contributions and interest \$

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