

COUNTY, ILLINOIS

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No. _____

CONSENT TO ISSUANCE OF QILDRO

Member's Name: _____

Member's Social Security Number: _____

Alternate Payee's Name: _____

Alternate Payee's Social Security Number: _____

I, _____, a member of the _____,
(Name of Member) (Name of Retirement System)

hereby irrevocably consent to the issuance of a Qualified Illinois Domestic Relations Order. I understand that under the Order, certain benefits that would otherwise be payable to me, or to my death benefit beneficiaries or estate, will instead be payable to _____.
(Name of Alternate Payee)

I also understand that my right to elect certain forms of payment of my retirement benefit or member's refund may be limited as a result of the Order.

Date

Member's Signature