



# DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 06/2012)

Questions? Call 1-800-ASK-IMRF (1-800-275-4673).

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## Who can complete this form

We can accept the **signature of the member only** on this form. If someone other than the member signs this form, including an agent under a power of attorney, **the form will not be accepted.**

## If you make any changes to this form

If you make any changes to your beneficiary information, **you must initial the change.** If you do not, **the form will not be accepted.**

## Benefits payable upon your death

If you die while participating in IMRF, IMRF will pay your beneficiary(ies) a:

- a. Lump sum death benefit, which can be equal to one year's salary, plus a refund of the balance in your IMRF member account,

**OR**

- b. Monthly Surviving Spouse pension, plus \$3,000 (if eligible). [A child's pension is payable if you are participating in the Elected County Official plan, your spouse is not eligible for a surviving spouse pension, and you have single (unmarried or not in a civil union) children under the age of 18 at the time of your death.]

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## How to complete this form

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### Primary Beneficiary(ies)

If you do not have a valid Designation of Beneficiary form on file with IMRF, your estate is automatically your beneficiary.

If you want any other arrangement, you must submit a Designation of Beneficiary form to IMRF. You can name any person, church, trust, charity or organization. If your primary beneficiaries do not survive you, IMRF will pay the benefit to your Secondary Beneficiary(ies) or to your estate.

### Note of caution for married members or members in a civil union

If you want to ensure that your spouse is eligible for a Surviving Spouse pension, you must name your spouse as your **only** primary beneficiary. **If you divorce**, your former spouse is no longer your beneficiary. If you want any other arrangement, you must file a new Designation of Beneficiary form.

### If you name more than one Primary Beneficiary

The persons listed become "co-beneficiaries" and will share the lump sum death benefit according to the percentages you enter. **If you leave the percentages blank or if the shares do not add up to 100%, the form will not be processed.**

### If you are naming someone under the age of 21 (a minor)

Death benefits will be paid in care of the minor's guardian. If you want someone other than the guardian to receive the IMRF benefit on behalf of the minor, you may name a custodian, who is 21 years of age or older, under the Illinois Uniform Transfers to Minors Act. Enter the name of the individual you wish to appoint as custodian followed by "as custodian for \_\_\_\_\_ (name of minor) under the IUTMA."

**If you are naming a trust**

Please provide the number and/or date of the trust.

**Secondary Beneficiary(ies)**

Your Secondary Beneficiary(ies) will receive the death benefit payable by IMRF if no Primary Beneficiary survives. You can name any person, church, trust, charity or organization as your Secondary Beneficiary. You may also name more than one Secondary Beneficiary.

**Signature, date and returning the completed form**

You must sign, date, and file this form with IMRF for it to be effective.

You can mail the completed form to IMRF directly, or you can give the completed form to your employer, who will mail it to IMRF. The information on this form does not become effective **until it is on file in IMRF's Oak Brook or Springfield office, even if your employer has a copy.**



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*Please print or type — use black ink and do not use a highlighter on the form.*

|   |            |                |   |  |
|---|------------|----------------|---|--|
| <b>1. Member Information</b>  |            |                |   |  |
| Employee Name   |            |                | IMRF Member ID  |  |
| Mailing Address (street address; city; state; zip+4 if known)   |            |                | Birthdate (MM/DD/YYYY)  |  |
|   |            |                | Daytime Telephone No.<br>(     )  |  |
| Marital Status<br><input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |            |                | Gender of Spouse<br><input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Spouse's Last Name<br>YYYY)   | First Name | Middle Initial | Maiden (if applicable)  | Marriage/Civil Union Date (MM/DD/YYYY) |

|  |           |   |              |                 |
|--|-----------|---|--------------|-----------------|
| <b>2. Primary Beneficiary(ies)</b><br><i>(For your spouse to be eligible for a Surviving Spouse pension, he/she must be your <b>ONLY</b> primary beneficiary.)</i><br><i>Refer to instructions if naming a minor or a trust.</i> |           |   |              |                 |
| First Name   | Last Name | Social Security Number<br><i>(optional)</i> | Relationship | % Share to each |
|  |           |   |              |                 |
|  |           |   |              |                 |
| <b>Important:</b> If the total of all primary beneficiary shares does not equal 100%, or if you leave the percentages blank, IMRF will NOT process the form.   |           |   | <b>TOTAL</b> | <b>100%</b>     |

|  |           |   |              |                 |
|--|-----------|---|--------------|-----------------|
| <b>3. Secondary Beneficiary(ies)</b> <i>(Will receive IMRF death benefits if no Primary Beneficiary survives.)</i>   |           |   |              |                 |
| First Name   | Last Name | Social Security Number<br><i>(optional)</i> | Relationship | % Share to each |
|  |           |   |              |                 |
|  |           |   |              |                 |
| <b>Important:</b> If the total of all secondary beneficiary shares does not equal 100%, or if you leave the percentages blank, IMRF will NOT process the form. |           |   | <b>TOTAL</b> | <b>100%</b>     |

|  |      |
|--|------|
| <b>4. Signature</b> (WRITE, DO NOT TYPE OR PRINT) of <b>member only</b><br>(Form <b>will not be accepted</b> if someone other than member signs form.) |      |
| <b>X</b>   | Date |

**Read the conditions on the next page.**

Completed form may be mailed to: **IMRF**  
2211 York Road, Suite 500, Oak Brook, IL 60523-2337  
1-800-ASK-IMRF (1-800-275-4673) Fax 1-630-706-4289

# Conditions of IMRF Designation of Beneficiary

*This is a brief summary of your IMRF death benefit provisions.*

*Your rights and obligations as an IMRF member are governed by Article 7 of the Illinois Pension Code.*

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## This designation of beneficiary:

- Provides for payment of IMRF death benefits and revokes (cancels) any prior beneficiary designation.
- Will be effective when you sign it and it is **on file** in IMRF's Oak Brook or Springfield office.
- Is subject to Illinois law and to rules and regulations established by the IMRF Board of Trustees.

The acceptance of this designation by IMRF does not mean that a death benefit will be payable if you are not otherwise entitled to one. Whether a benefit is payable, and the amount paid, will be determined at the time of death under applicable laws and regulations.

You cannot name a creditor (such as a bank, credit union, or loan company) as your beneficiary as a means of providing security for a debt.

## Benefits payable

- Lump sum death benefit OR
- Surviving Spouse pension
- Child's pension

A child's pension is payable if the member was participating in the Elected County Official Plan and the member's spouse is not eligible for a surviving spouse pension, but the deceased children who are unmarried/not in a civil union, under the age of 18.

## Surviving spouse pension

If you want your spouse to be eligible for a Surviving Spouse pension, you must name your spouse as your **only** Primary Beneficiary.

If your spouse is **not** your **only** Primary Beneficiary,

- the right to a Surviving Spouse pension is forfeited (lost).
- only **a lump sum benefit is payable** (which can be equal to one year's salary, plus a refund of the balance in your IMRF member account). **In the case of the member with many years of service credit, the forfeited Surviving Spouse pension may be of greater value than the lump sum benefit.**

## Naming a minor(s) as beneficiary(ies)

Death benefits payable to a minor (under the age of 21) are paid in care of the minor's guardian.

If you want someone other than the minor's guardian to receive the IMRF benefit on behalf of the minor, you may name a custodian (who is 21 years of age or older) under the Illinois Uniform Transfers to Minors Act.

This is done by entering the name of the individual you wish to appoint as custodian followed by "as custodian for \_\_\_\_\_(name of minor) under the IUTMA."

## Shares to each named beneficiary

**You must write in specific shares (percentages), if naming more than one beneficiary. These shares MUST add up to 100% or the form will not be processed.**

If a named beneficiary does not survive, his or her shares will be distributed among any surviving beneficiaries. However, if you want his or her shares to be distributed to his or her heirs by blood line (not a spouse), add "per stirpes" after the beneficiary's name.

## Death benefit payments

IMRF death benefits are paid to your:

- Primary Beneficiary you designated on your most recent valid designation of beneficiary form on file with IMRF.
- Estate if you have no valid designation form on file.

If none of your Primary Beneficiary(ies) survives, the benefit will be paid to your Secondary Beneficiary(ies).

If none of your Primary or Secondary Beneficiary(ies) survives, the benefit will be paid to your estate.

## If you divorce

If you named your spouse as a your primary beneficiary but you later divorce, your former spouse is no longer your beneficiary. If you want any other arrangement, you must file a new Designation of Beneficiary form.



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|---|--|------------|---|------------------------|--|
| <b>1. Member Information</b>  |  |            |   |                        |  |
| Employee Name   |  |            | IMRF Member ID  |                        |  |
| Mailing Address (street address; city; state; zip+4 if known)   |  |            | Birthdate (MM/DD/YYYY)  |                        |  |
|   |  |            | Daytime Telephone No.<br>(    )   |                        |  |
| Marital Status<br><input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |  |            | Gender of Spouse<br><input type="checkbox"/> Male <input type="checkbox"/> Female |                        |  |
| Spouse's Last Name  |  | First Name | Middle Initial  | Maiden (if applicable) | Marriage/Civil Union Date (MM/DD/YYYY) |

|   |           |                                      |              |                 |
|---|-----------|--------------------------------------|--------------|-----------------|
| <b>2. Primary Beneficiary(ies)</b><br>(For your spouse to be eligible for a Surviving Spouse pension, he/she must be your <b>ONLY</b> primary beneficiary.)<br><i>Refer to instructions if naming a minor or a trust.</i> |           |                                      |              |                 |
| First Name  | Last Name | Social Security Number<br>(optional) | Relationship | % Share to each |
|   |           |                                      |              |                 |
|   |           |                                      |              |                 |
| <b>Important:</b> If the total of all primary beneficiary shares does not equal 100%,<br>or if you leave the percentages blank, IMRF will NOT process the form.   |           |                                      | <b>TOTAL</b> | <b>100%</b>     |

|   |           |                                      |              |                 |
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| First Name  | Last Name | Social Security Number<br>(optional) | Relationship | % Share to each |
|   |           |                                      |              |                 |
|   |           |                                      |              |                 |
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|   |      |
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