



DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 10/07)

Please refer to instructions when completing this form.

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

1. Member Information

Employee Name

Mailing Address

Social Security Number

MID (office use only)

Home Telephone

Birthdate (month/day/year)

Gender

Marital Status

Male Female

Single Married
 Divorced Widowed

Spouse's Last Name

First

Middle Initial Maiden (if applicable)

Jr., Sr., II, etc.

Marriage Date (month/day/year)

Do you want information regarding your beneficiary(ies) listed on IMRF correspondence? Yes No

2. Primary Beneficiary(ies) (Will receive IMRF death benefits first.) Please refer to instructions when naming a minor.

First Name	Last Name	Social Security Number (optional)	Relationship	% Share to each
TOTAL				100%

Important: If the total of all primary beneficiary shares does not equal 100%, IMRF will allocate equal shares totaling 100%.

3. Secondary Beneficiary(ies) (Will receive IMRF death benefits if no Primary Beneficiary survives.)

First Name	Last Name	Social Security Number (optional)	Relationship	% Share to each
TOTAL				100%

Important: If the total of all primary beneficiary shares does not equal 100%, IMRF will allocate equal shares totaling 100%.

4. Exclusion of spouse as Primary Beneficiary (Refer to instructions for Box 4.)

CHECK BOX IF YOU DID NOT NAME YOUR SPOUSE AS PRIMARY BENEFICIARY IN BOX 2 ABOVE.

I do not want my spouse to receive IMRF death benefits as Primary Beneficiary. I understand and intend that my spouse will not be eligible for a surviving spouse pension.

BOX 5 - Signature (WRITE, DO NOT TYPE OR PRINT) of member only (The designation will not be accepted if someone other than the member signs this form.)

X _____ Date _____

Read the conditions on the reverse side.

Illinois Municipal Retirement Fund
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