



DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 06/2012)

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

1. Member Information				
Employee Name			IMRF Member ID	
Mailing Address (street address; city; state; zip+4 if known)			Birthdate (MM/DD/YYYY)	
			Daytime Telephone No. ()	
Marital Status <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 <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)

2. Primary Beneficiary(ies) (For your spouse to be eligible for a Surviving Spouse pension, he/she must be your ONLY primary beneficiary.) Refer to instructions if naming a minor or a trust.				
First Name	Last Name	Social Security Number (optional)	Relationship	% Share to each
Important: 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.			TOTAL	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
Important: 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.			TOTAL	100%

4. Signature (WRITE, DO NOT TYPE OR PRINT) of member only (Form will not be accepted if someone other than member signs form.)	
X	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