



Application for IMRF Pension

Congratulations on your upcoming retirement!

Please follow the steps below to ensure a smooth transition from employment to retirement.

1. When to submit this form

- Submit your application to IMRF **one month** before your retirement date.
- Send your application even if you do not have all the required documents. Send any missing documents to IMRF as soon as possible.
- Be sure to **sign the form in** Question 16.
- If the effective date of your pension is within 60 days of your last day of participation, you can convert your unused, unpaid sick days to service credit (240 day maximum).

2. What to attach to this form

- If you have been married for **at least one year** before you stopped participating in IMRF, attach **copies** (not originals) of your birth certificate and your marriage certificate.
- If you are divorced, attach **copies** (not originals) of your birth certificate and divorce decree.
- If you are widowed or never married, attach a **copy** (not original) of your birth certificate.
- **Print your Social Security number on all documents** you attach to this form.

3. Your IMRF pension payments

- Your initial pension payments are always based on the “Standard” pension payout even if you are under age 62 and intend to elect the optional pension payout.
- Once you no longer participate in IMRF, you may make **only one payment** to purchase past service credit. If you make a final payment after your pension begins, the new benefit amount will be effective the month following the month in which you made the payment.
- Your monthly benefit payment **must be directly deposited** into your checking, savings, or brokerage account.
- **Be sure to complete questions 17 and 18** and return this entire completed form (with copies of the requested documents) to IMRF.

If you haven't done so already....

- **Apply for Social Security benefits** if you are age 62 or older, or age 60 or older and widowed, by calling 1-800-772-1213. **Confirm** that as a member of IMRF you contributed to Social Security and **your Social Security benefit will NOT be reduced.**
- **Meet with your tax advisor** to determine your tax withholding status. **NOTE: Members under age 59½**, who do not cease all employment with their employer (not just IMRF participation), are subject to the **10% additional tax.**
- **Meet with your employer's IMRF Authorized Agent.** Make decisions regarding health insurance and make sure you understand restrictions on your IMRF pension and Social Security and working after retirement.
- **Speak with the administrator** of your employer-sponsored deferred compensation plan or tax-deferred annuity. Make decisions regarding pay out.
- **Submit a retirement application to your reciprocal system(s)** if you plan to retire under the Reciprocal Act.

Once we receive your application...

- If you haven't previously received a retirement packet, you will receive a packet which will contain a copy of *Insights for Retiring Members*, as well as:
 - IMRF Form 6.11A, “Designation of Beneficiary for Annuitants”
 - Form W-4P, “Withholding Certificate for Pension or Annuity Payments”
 - Health Insurance Continuation Information

After your retirement is processed...

- Your **Certificate of Benefits** will be mailed. This green and white document includes your monthly pension amount, effective date, and annual increases. Keep this document in a safe place for future reference.



APPLICATION FOR IMRF RETIREMENT PENSION

IMRF Form 5.20 (Rev. 03/09)

PLEASE PRINT OR TYPE

1. MEMBER'S FIRST NAME MIDDLE INITIAL LAST JR., SR., II, ETC.			2. SOCIAL SECURITY NUMBER _____ - _____ - _____		
3. MEMBER'S MAILING ADDRESS					
CITY		STATE		ZIP+4	
4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
5. MEMBER'S BIRTH DATE: MONTH/DAY/YEAR		6. HOME TELEPHONE NO.		7. IMRF TERMINATION DATE (M/D/Y)	
8. MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED				9. DATE OF MARRIAGE: MONTH/DAY/YEAR	
10. SPOUSE'S FIRST NAME		MIDDLE INITIAL		LAST NAME JR., SR., II, ETC.	
11. SPOUSE'S SOCIAL SECURITY NUMBER _____ - _____ - _____			12. SPOUSE'S DATE OF BIRTH: MONTH/DAY/YEAR		
13. HAVE YOU PARTICIPATED IN THE IMRF ELECTED COUNTY OFFICIALS PLAN (ECO)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
14. SERVICE WITH OTHER ILLINOIS PUBLIC RETIREMENT SYSTEMS (SUCH AS STATE EMPLOYEES', STATE TEACHERS', ETC.) IF YOU ARE ALREADY RECEIVING RETIREMENT BENEFITS FROM THE SYSTEM, PLEASE DO NOT LIST IT HERE.					
NAME OF SYSTEM		DATES			
FROM		TO			
15. IF YOU WILL RETIRE UNDER IMRF EARLY RETIREMENT INCENTIVE, SUBMIT FORM 5.21 , "NOTICE TO RETIRE UNDER ERI." INDICATE THE YEARS / MONTHS YOU WISH TO PURCHASE: _____ YEARS _____ MONTHS					
16. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.					
X _____ MEMBER'S SIGNATURE (WRITE; DO NOT PRINT OR TYPE)				_____ DATE	

17. ACCOUNT INFORMATION

Important: The name of the person who will receive the IMRF benefit payments must be on this account. Please provide the information requested below. If you are unsure of any of the requested information, contact the financial institution where you have your account. (See the bottom of this page for more information.)

MEMBER (ANNUITANT) NAME				SOCIAL SECURITY NUMBER _____ - _____ - _____			
NAME OF FINANCIAL INSTITUTION				BRANCH TELEPHONE NUMBER			
BRANCH ADDRESS (NUMBER, STREET)		CITY		STATE		ZIP	
ACCOUNT NUMBER							
FINANCIAL INSTITUTION ROUTING NUMBER (SEE BELOW)						TYPE OF ACCOUNT	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS

18. I authorize and request the Illinois Municipal Retirement Fund to direct IMRF recurring payments for crediting to my account at the financial organization designated above. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I understand that the financial organization designated reserves the right to cancel this agreement by notice to me; however, this authorization will remain in effect with IMRF until cancelled by notice from me or by my death. Further, I understand and agree that **IMRF will stop direct deposit if I fail to keep IMRF informed of my current address.** I also permit the release by the bank or financial institution of my current address to IMRF. I understand that a new form 1199 is required if I change my financial institution, my account number or my name.

X _____ Date _____
 Signature of Benefit Recipient, Power of Attorney*, or Guardian*
 *Attach court documents if not already submitted

FINANCIAL INSTITUTION ROUTING NUMBER

A routing number is a nine-digit number, and is a completely separate number from your account number.

If you have a savings or brokerage account, you should call the financial institution where you have your account to obtain the correct routing number.

If you have a checking account, see the sample at right for how to get your account number and the correct routing number from your blank checks. (Note: If you have temporary checks, call the financial institution where you have your account to obtain the correct routing number.)

Mary Member
John Member
123 Main Street
Anywhere, IL 60606

Date _____

Pay to the Order of **SAMPLE** \$ _____ Dollars

Bank of Anywhere
Anywhere, IL 00000

For _____

123456789 **1122334455** | **9676**

Do not include the check number as part of your account number. (The check number is generally printed immediately after your account number.)

Please mail this completed form with the appropriate documents to:
Illinois Municipal Retirement Fund
 2211 York Road, Suite 500, Oak Brook Illinois 60523-2337
 Member Services Representatives 800/ASK-IMRF (1-800-275-4673)

