

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT

_____ 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, the member of the State Universities Retirement System of Illinois listed above, 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 the alternate payee listed above. 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.

DATED: _____

SIGNED: _____

** original signature or certified copy required*