



# MEMBER INFORMATION CHANGE

IMRF Form 6.20 (Rev. 1/04)

PLEASE PRINT OR TYPE

## INSTRUCTIONS

- When changing a Social Security number, please attach a copy of the Social Security card.
- If name change is due to change in marital status, please attach Form 6.11, "Designation of Beneficiary."
- If this form is being completed by a member, please file a copy of this form with your employer.
- **Forms must be signed for processing by IMRF.**
- If the member is receiving a benefit from IMRF or has a benefit application pending, the member must sign this form.

### PREVIOUS INFORMATION — Complete all items

|                                 |   |                                   |                                  |   |
|---------------------------------|---|-----------------------------------|----------------------------------|---|
| MEMBER'S FIRST NAME             | MIDDLE INITIAL                                | LAST                              | JR., SR., II, ETC.               | SOCIAL SECURITY NUMBER  |
| ADDRESS (NUMBER, STREET)        |   |                                   |                                  | APT #   |
| CITY                            |   | STATE                             | ZIP +4                           |   |
| COUNTY                          | HOME TELEPHONE (INCLUDE AREA CODE)<br>(     ) |                                   | BIRTHDATE                        |   |
| MARITAL STATUS                  | GENDER  |                                   |                                  |   |
| <input type="checkbox"/> SINGLE | <input type="checkbox"/> MARRIED              | <input type="checkbox"/> DIVORCED | <input type="checkbox"/> WIDOWED | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |

### CORRECT INFORMATION — Complete all items

|                                 |   |                                   |                                  |                               |                                 |                    |                            |
|---------------------------------|---|-----------------------------------|----------------------------------|-------------------------------|---------------------------------|--------------------|----------------------------|
| MEMBER'S FIRST NAME             |   |                                   |                                  | MIDDLE INITIAL                | LAST                            | JR., SR., II, ETC. | NEW ADDRESS EFFECTIVE DATE |
| ADDRESS (NUMBER, STREET)        |   |                                   |                                  | APT #                         | CITY                            |                    | STATE                      |
| CITY                            |   | STATE                             |                                  | ZIP +4                        |                                 | BIRTHDATE          |                            |
| COUNTY                          | HOME TELEPHONE (INCLUDE AREA CODE)<br>(     ) |                                   | BIRTHDATE                        |                               |                                 |                    |                            |
| MARITAL STATUS                  | GENDER  |                                   |                                  |                               |                                 |                    |                            |
| <input type="checkbox"/> SINGLE | <input type="checkbox"/> MARRIED              | <input type="checkbox"/> DIVORCED | <input type="checkbox"/> WIDOWED | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |                    |                            |

### IMRF ACCOUNT STATUS (CHECK ONE ONLY PLEASE)

- ACTIVE** — You currently participate in IMRF.
- ACTIVE** — You currently have a disability claim with IMRF.
- RETIRED** — You currently have a retirement claim with IMRF.
- INACTIVE** — You no longer participate in IMRF. However, you still have funds on account.

### EMPLOYER INFORMATION

|   |                           |
|---|---------------------------|
| EMPLOYER NAME   | EMPLOYER IMRF I.D. NUMBER |
| Must have signature for processing. <b>Member</b> must sign if he or she is receiving a benefit from IMRF or has a benefit application pending. Otherwise, the member <b>OR</b> Authorized Agent signature is required. |                           |
| <b>X</b> _____  | _____                     |
| SIGNATURE   | DATE                      |

Mail this completed form to:

**Illinois Municipal Retirement Fund**

Suite 500, 2211 York Road, Oak Brook Illinois 60523-2337

Member Service Representatives 800/ASK-IMRF (1-800-275-4673)