



# MEMBER INFORMATION CHANGE

IMRF Form 6.20 (Rev. 6/02)

## 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.

**PLEASE PRINT OR TYPE**

<b>PREVIOUS INFORMATION — Complete all items</b>				
MEMBER'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	SOCIAL SECURITY NUMBER ____-____-____
STREET (MAILING) ADDRESS			CITY STATE AND ZIP + 4	COUNTY
HOME TELEPHONE (INCLUDE AREA CODE)	BIRTHDATE	MARITAL STATUS	SEX	

<b>CORRECT INFORMATION — Complete all items</b>				
NEW ADDRESS EFFECTIVE DATE			SOCIAL SECURITY NUMBER ____-____-____	
MEMBER'S FIRST NAME	MIDDLE INITIAL	LAST	JR., SR., II, ETC.	
STREET (MAILING) ADDRESS			CITY STATE AND ZIP + 4	COUNTY
HOME TELEPHONE (INCLUDE AREA CODE)	BIRTHDATE	MARITAL STATUS	SEX	

<b>Employer Information</b>	
EMPLOYER NAME	EMPLOYER IMRF I.D. NUMBER
(If the member is receiving a benefit from IMRF or has an benefit application pending, the member must sign this form.) SIGNATURE OF MEMBER <b>OR</b> AUTHORIZED AGENT <b>X</b>	DATE

**Mail this completed form to:**

**Illinois Municipal Retirement Fund**  
 Suite 500, 2211 York Road, Oak Brook Illinois 60523-2337  
 630/368-1010  
 Service Representatives 800/ASK-IMRF  
 www.imrf.org