

**DES PLAINES FIREFIGHTERS' PENSION FUND CONSENT OF ALTERNATE PAYEE TO RETIREMENT BENEFIT ELECTION THAT DIMINISHES PAYMENT TO ALTERNATE PAYEE**

\_\_\_\_\_  
Alternate Payee's Name: \_\_\_\_\_

Alternate Payee's Social Security Number: \_\_\_\_\_

Firefighter's Name: \_\_\_\_\_

Firefighter's Social Security Number: \_\_\_\_\_

Court Case Caption: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

Name of Court: \_\_\_\_\_

I, \_\_\_\_\_ **[Name of Alternate Payee]**, hereby consent to the retirement benefit election made by \_\_\_\_\_ **[Name of Firefighter]**. I understand that the retirement benefit election has the effect of diminishing the amount of the payment to which I am entitled pursuant to a Qualified Illinois Domestic Relations Order issued by the above-named Court. I understand that as a result of the retirement benefit election, certain benefits that would otherwise be payable to me will instead be payable to the above-named Firefighter.

\_\_\_\_\_  
Signature of Alternate Payee

Date: \_\_\_\_\_

SUBSCRIBED AND SWORN TO

Before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public