

**CONSENT TO ISSUANCE OF QILDRO**

.....  
[Enter Case Caption & Case Number here]  
.....

Member's Name: .....

Member's Social Security Number: .....

Alternate payee's Name: .....

Alternate payee's Social Security Number: .....

I, (name), a member of the (retirement system), 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 (name of alternate payee). 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:.....