

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT

\_\_\_\_\_ COUNTY, ILLINOIS

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No. \_\_\_\_\_

**Consent to Issuance of QILDRO**  
**Policemen's Annuity and Benefit Fund**

Member's Name: \_\_\_\_\_

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

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

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

I, \_\_\_\_\_, a member of the Policemen's Annuity and  
(Name of Member)

Benefit Fund, 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: \_\_\_\_\_  
(Member's Signature)