



The Retirement Board of the
Policemen's Annuity and Benefit Fund of Chicago
221 North LaSalle St – Suite 1626, Chicago, IL 60601
(312) 744-3891 www.chipabf.org

QILDRO

CONSENT TO ISSUANCE

“Consent Form”

A signed member Consent Form is required when the employee's membership in PABF began prior to July 1, 1999; the date QILDRO law was first enacted. Upon submitting an accepted Consent Form, the form is irrevocable.

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 Benefit Fund](#)
(Name of Member)

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)

[Original Document must be submitted to Policemen's Annuity & Benefit Fund, City of Chicago]

