

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, ILLINOIS

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

**CONSENT TO ISSUANCE OF QILDRO**

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

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

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

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

I, \_\_\_\_\_, a member of the Firemen's Annuity and Benefit Fund of Chicago, hereby irrevocably consent to the issuance of a Qualified Illinois Domestic Relations Order (QILDRO). I understand that under the Order, certain benefits that would otherwise be payable to me, or to my death benefit beneficiary or estate, will instead be payable to \_\_\_\_\_. 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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