

IN THE CIRCUIT COURT _____

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No. _____

)

CONSENT TO ISSUANCE OF OILDRO

Member's name: _____

Member's Social Security number: _____

Alternate payee's name: _____

Alternate payee's Social Security number: _____

I, _____, a member of the
(Name of member)

Teachers' Retirement System of the State of Illinois, hereby irrevocably consent to the
(Name of retirement system)

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 _____ . I
(Name of alternate payee)

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: _____

Original or certified copy required.

