



MEMBER INFORMATION CHANGE

IMRF Form 6.20 (Rev. 08/2013)

PLEASE PRINT OR TYPE

INSTRUCTIONS

- When changing a Social Security number, please attach a copy of the new Social Security card.
- If name change is due to change in marital status, please attach Form 6.11, "Designation of Beneficiary." This form can be downloaded from our web site at www.imrf.org or processed via your IMRF Member Access online account. Log on to: www.imrf.org/myimrf
- Please file a copy of this form with your employer.
- **Forms must be signed for processing by IMRF.**

NOTE: You may also change your name, address, telephone number and marital status via IMRF Member Access. Log on to: www.imrf.org/myimrf

PREVIOUS INFORMATION - Complete all items				
MEMBER'S LAST NAME	FIRST NAME	MIDDLE INITIAL	JR., SR., II	IMRF MEMBER ID OR LAST 4 DIGITS OF SSN
STREET (MAILING) ADDRESS			CITY, STATE AND ZIP	
COUNTY	DAYTIME TELEPHONE NUMBER (with Area Code)		BIRTH DATE (MM/DD/YYYY)	
MARITAL STATUS				
<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED				

CORRECT INFORMATION - Complete all items				NEW ADDRESS EFFECTIVE DATE (MM/DD/YYYY)
MEMBER'S LAST NAME	FIRST NAME	MIDDLE INITIAL	JR., SR., II	NEW SOCIAL SECURITY NUMBER ____ - ____ - ____ Attach copy of new Social Security Card
STREET (MAILING) ADDRESS			CITY, STATE AND ZIP	
COUNTY	DAYTIME TELEPHONE (with Area Code)		BIRTH DATE (MM/DD/YYYY)	
MARITAL STATUS				
<input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED				

IMRF ACCOUNT STATUS (Check only one please.)	
<input type="checkbox"/> ACTIVE — You currently participate in IMRF.	<input type="checkbox"/> RETIRED — You currently have a retirement claim with IMRF.
<input type="checkbox"/> ACTIVE — You currently have a disability claim with IMRF.	<input type="checkbox"/> INACTIVE — You no longer participate in IMRF. However, you still have funds on account.

SIGNATURE (Member must sign below.)	
X _____	_____ DATE (MM/DD/YYYY)

Mail this completed form to:
 Illinois Municipal Retirement Fund
 2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337

Member Services Representatives 800/ASK-IMRF (1-800-275-4673)

OR fax this form to:
 Illinois Municipal Retirement Fund
 Records Department
FAX #(630) 706-4289