

IN THE COURT OF THE _____ JUDICIAL DISTRICT,
_____ COUNTY, ILLNOIS.

)

)

No:

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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
(Name of Member)
Chicago Teachers' Pension 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)

