



Instructions for Consent to Issuance of QILDRO Form

*Please follow these instructions for completing the consent form. Do not alter, retype, or reproduce this form in any manner whatsoever. Doing so will invalidate this consent form. This form is not to be submitted to the courts; this form is to be completed and this **ORIGINAL** signed form is to be submitted back to the Cook County Pension Fund. Photocopies, emails, and faxes will not be accepted.*

This form is required only if the employee's membership in the Cook County Pension Fund ("the Fund") began before July 1, 1999, when the QILDRO law was originally enacted. Once signed and submitted to the Fund, the consent form is irrevocable.

Caption

- Enter the court's judicial district and county. (The issuing court must be an Illinois court.)
- Enter the case caption and case number.

Body

- Fill in the required information for the member and alternative payee.

Signature line

- The consent form must be dated and signed by the consenting member of the Fund.

Filing of the Form

- The Consent to Issuance of QILDRO must be provided on the form adopted by the Fund and submitted to the Fund at its administrative offices.
- Failure to submit the Consent to Issuance of QILDRO on the form adopted by the Fund will be considered a deficiency that may invalidate the Order.
- **YOU MUST SUBMIT THE ORIGINAL CONSENT TO ISSUANCE OF QILDRO FORM TO THE FUND. PHOTOCOPIES, EMAILS, AND FAXES MAY NOT BE ACCEPTED.**



IN THE CIRCUIT COURT OF THE _____ JUDICIAL DISTRICT

_____ COUNTY, ILLINOIS

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No. _____

Consent to Issuance of QILDRO

for the
County Employees' and Officers' Annuity and Benefit Fund of Cook County
Forest Preserve District Employees' Annuity and Benefit Fund of Cook County

*This form must be completed and signed and the **original** must be returned directly to the Fund office.*

Member's Name: _____

Member's Social Security Number: _____

Alternate Payee's Name: _____

Alternate Payee's Social Security Number: _____

I, _____, a member of the County Employees' and Officers' Annuity and Benefit Fund of Cook County or the Forest Preserve District Employees' Annuity and Benefit Fund of Cook County, 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 _____. 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: _____ MEMBER'S SIGNATURE: _____

IMPORTANT: YOU MUST RETURN THIS ORIGINAL FORM TO THE FUND OFFICE. ONLY THE ORIGINAL WILL BE CONSIDERED VALID.