

**IN THE CIRCUIT COURT** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

)

)

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.*

