

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND
OF THE CITY OF DES PLAINES, ILLINOIS**

**CONSENT OF ALTERNATE PAYEE TO RETIREMENT BENEFIT
ELECTION THAT DIMINISHES PAYMENT TO ALTERNATE PAYEE**

Alternate Payee's Name: _____

Alternate Payee's Social Security Number: _____

Police Officer's Name: _____

Police Officer's Social Security Number: _____

Court Case Caption: _____

Court Case Number: _____

Name of Court: _____

I, _____ **[Name of Alternate Payee]**, hereby consent to the retirement benefit election made by _____ **[Name of Police Officer]**. I understand that the retirement benefit election has the effect of diminishing the amount of the payment to which I am entitled pursuant to a Qualified Illinois Domestic Relations Order issued by the above-named Court. I understand that as a result of the retirement benefit election, certain benefits that would otherwise be payable to me will instead be payable to the above-named Police Officer.

Signature of Alternate Payee

Date: _____, _____

SUBSCRIBED AND SWORN TO
before me this _____ day of
_____, 200____.

Notary Public