

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

**CONSENT TO ISSUANCE OF A QILDRO**

**Note: This form is not required for police officers who joined the Fund after July 1, 1999.**

Court Case Caption: \_\_\_\_\_

Court Case Number: \_\_\_\_\_

Name of Court: \_\_\_\_\_

Police Officer's Name: \_\_\_\_\_

Police Officer's Social Security Number: \_\_\_\_\_

Alternate Payee's Name: \_\_\_\_\_

Alternate Payee's Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_ **[Name of Police Officer]**,  
a member of the Police Pension Fund of the City of Des Plaines, 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 the above-named 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.

\_\_\_\_\_  
Signature of Police Officer

Date: \_\_\_\_\_, \_\_\_\_\_

Printed Name of Police Officer: \_\_\_\_\_

**Note: Under 40 ILCS 5/1-119 (m) (2), this consent is irrevocable, and shall apply to any QILDRO that pertains to the alternate payee and the Des Plaines Police Pension Fund.**