



MEMBER CHANGE OF ADDRESS/MEMBER INFORMATION

This form may be used by benefit recipients only to make an address or name change - note name changes require supporting documentation.

Check the box that best describes your current status. Please print or type all information below.

[ ] Pension [ ] Survivor [ ] Inactive [ ] QILDRO Payee

Form with fields: Social Security # or Member ID #, Date of Birth, Effective Date of Change

Residential Address and Member Information - REQUIRED

Form with fields: Last Name, First Name, Middle Initial, Residential Street Address, City, State and Zip, Email address, Home Phone, Cell Phone

Complete the following only if you wish to receive your mail at a different location - otherwise proceed to the signature certification.

Form with fields: c/o POA or Guardian name here if applicable, Street (Mailing Address), City, State and Zip, POA or Guardian Phone Number, POA or Guardian Email Address

Certification: I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135 any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Judges' Retirement System (JRS) is guilty of a Class 3 felony. I am aware that, if the JRS Board has reasonable suspicion that a false record has been filed with JRS, it is required to report the matter to the Attorney General's Office for investigation.

Signature and Date fields with a large 'X' mark in the signature area.

Your signature is required on this form to validate the change of member information