STATE RETIREMENT SYSTEMS

- State Employees' Retirement System of Illinois
- General Assembly Retirement System
- Judges' Retirement System of Illinois

Internet: *http://www.state.il.us/srs* E-Mail: *sers@srs.illinois.gov*

2101 South Veterans Parkway, P.O. Box 19255, Springfield, IL 62794-9255

REQUEST FOR PAYMENTS TO TRUST

The undersigned is the _____ of _____ .
(state relationship to payee or potential payee) ("Payee")

The undersigned knows Payee and represents to the System that Payee is (check one)

( ) a minor and will attain the age of 18 on _____, 20____; or

( ) under a legal disability as determined by a court of law, a copy of which determination is attached to this request.

The undersigned represents that he/she is aware that _____ is the trustee of a trust established for the benefit of Payee, which trust is required to hold or use payments from SRS for Payee's sole benefit during Payee's lifetime. The undersigned hereby requests that the benefits payable to Payee be paid to _____ as trustee of the _____.
(name of trust)

DATE: _____ _____
(Signature)

Payment Directions:

Payments shall be (select one)

( ) mailed to:

_____
Name of Trustee

_____
Address

_____
City, State, Zip Code

( ) For direct deposit of monthly payments, complete and submit form 3967 SERS Direct Deposit Request.

_____
Financial Institution

_____
Account Number