



**LABORERS' AND RETIREMENT BOARD EMPLOYEES'  
ANNUITY AND BENEFIT FUND OF CHICAGO**

# **Qualified Illinois Domestic Relations Orders (QILDRO)**

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## **The CONSENT to Issuance Form**

**Updated February 5, 2025**

Consent to Issuance forms are also available from the LABF's website  
[www.labfchicago.org](http://www.labfchicago.org)

# Instructions for Member Consent to Issuance of QILDRO Form

**Please follow these instructions for completing the Consent to Issuance form.**

Do not alter the form. Doing so will invalidate the consent.

This form is required only if membership with the Laborers' and Retirement Board Employees' Annuity and Benefits Fund of Chicago (the "LABF") began before July 1, 1999. Once signed and submitted to the LABF, the Consent to Issuance form is irrevocable and shall apply to any QILDRO that pertains to the alternate payee and retirement system named in the consent.

**1. Caption:**

- Enter the court's judicial district and county. (The issuing court must be an Illinois court.)
- Enter the case caption and case number.

**2. Body:**

- Enter member's name, residence address, and social security number.
- Enter alternate payee's name, residence address, and social security number.

**3. Signature line:** The Consent to Issuance form must be dated and signed by the consenting **member** of the LABF.

**Note:**

**The attached Consent to Issuance form must be sent to the LABF with the member's original signature. This form is not required to be filed in court therefore, the member's and the alternate payee's Social Security Numbers are required on the form.**

**DO NOT REDACT THE SOCIAL SECURITY NUMBERS**

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT

OF \_\_\_\_\_ COUNTY, ILLINOIS

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)  
)

No. \_\_\_\_\_

**Consent to Issuance of QILDRO  
Laborers' and Retirement Board Employees' Annuity and Benefit Fund of Chicago  
(the "LABF")**

Member's Name: \_\_\_\_\_

Member's Social Security Number: \_\_\_\_\_  
Phone number if available

Alternate payee's Name: \_\_\_\_\_

Alternate payee's Social Security Number: \_\_\_\_\_  
Phone number if available

I, \_\_\_\_\_, a member of the LABF, hereby irrevocably  
*(Name of Member)*  
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 \_\_\_\_\_. I also understand that my  
*(Name of alternate payee)*  
right to elect certain forms of payment of my retirement benefit or member's refund may be limited as a  
result of the Order.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Member's signature*

**This Consent to Issuance form must be sent to the LABF with the member's original signature. This form is not required to be filed in court therefore, the member's and the alternate payee's Social Security Numbers are required.**

**DO NOT REDACT SOCIAL SECURITY NUMBERS**