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Member information

217-785-7444 Email: sers@srs.illinois.gov

Reversionary Annuity Election

Name (Last, first, middle) SSN (last 4) Address (Street, City, State, Zip) Member ID Date of birth Gender ☐ Male ☐ Female Phone number **Email address Dependent information** Name (Last, first, middle) SSN (last 4) **Relationship to Member** Date of birth Gender ☐ Male ☐ Female I elect the Reversionary Annuity with a _____ percent benefit continuation for my dependent named above. I have attached a copy of the dependents birth certificate. Member signature _____ Date