



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

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

Request for Payments to Trust

I hereby certify to the State Employees' Retirement System of Illinois (SERS) that I am a plenary guardian for, a guardian of the estate of, or a person otherwise authorized to direct SERS benefit payments on behalf of _____ (Payee), who I attest:

- is a minor who will attain the age of 18 on _____, 20____; or
- has been determined by a court of law to be under a legal disability.

Furthermore, I hereby attest that _____ is the trustee of the following named trust, which was created for the sole benefit of the Payee while living, and by signing below, I direct the SERS benefit payments that are payable to Payee to be paid by Electronic Funds Transfer to that trust account in accordance with the most recent Direct Deposit Form (Form 3967) that I have completed and filed with SERS.

Name of Trust

Financial Institution

Account Number

Trust EIN Number

Date

Printed Name

Signature

Trustee's Acknowledgment

I hereby acknowledge that I, _____, am the trustee of the above-named trust account, which was created for the sole benefit of the Payee while living, and by signing below, I am advising the Board of Trustees of the State Employees' Retirement System of Illinois (SERS) that all of the benefits that are paid into that account by SERS will be held or used for the sole benefit of the Payee while living.

Date

Signature