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Reversionary Annuity Election

Member information

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 _____