

**FORM Q**  
**VILLAGE OF HAMPSHIRE**  
**POLICE PENSION FUND**  
**CONSENT TO ISSUANCE OF A QILDRO**

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**Note: This form is not required for Police Officers who joined the Fund after July 1, 1999.**

\_\_\_\_\_  
Court Case Caption

\_\_\_\_\_  
Court Case Number

\_\_\_\_\_  
Name of Court

\_\_\_\_\_  
Police Officer's Name

\_\_\_\_\_  
Police Officer's Social Security Number

\_\_\_\_\_  
Alternate Payee's Name

\_\_\_\_\_  
Alternate Payee's Social Security Number

I, \_\_\_\_\_ (Name of Police Officer), a member of the Police Pension Fund of the Village of Hampshire, hereby irrevocably 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 the above-named alternate payee. I also understand that my right to elect certain forms of payment of my retirement benefit or member's refund may be limited as a result of the Order.

\_\_\_\_\_  
Signature of Police Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Police Officer

**Note: Under 40 ILCS 5/1-119 (m) (2), this consent is irrevocable, and shall apply to any QILDRO that pertains to the alternate payee and the Village of Hampshire Police Pension Fund.**