# NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 08/2011)

**INSTRUCTIONS**

- Appointment of an Authorized Agent is to be made by adoption of a resolution by the governing body.
- The clerk or secretary of the governing body must certify the appointment (see Certification below).
- Mail the completed form to the Illinois Municipal Retirement Fund.
- A copy of the completed form should be retained by the employer.
- The new Authorized Agent will need to register for a new User ID on IMRF Employer Access.

| Employer Name | Employer IMRF I.D. Number |
|---|---|
| | |

| Authorized Agent's First Name Middle Initial Last Jr., Sr., II, etc.<br>**Mr./Mrs.**<br>**Dr./Ms.** | Social Security Number<br>___ ___ ___ ___ ___ ___ ___ ___ ___ |
|---|---|

| Type of governing body | | |
|---|---|---|
| Date appointment made | Effective date of appointment | Position Title |

Powers and duties delegated to Authorized Agent pursuant to Sec. 7-135 of Illinois Pension Code by governing body (P.A. 97-0328 **removed** the requirement that the Authorized Agent be a participant in IMRF to file a petition or cast a ballot):

To file Petition for Nominations of an Executive Trustee of IMRF ☐ Yes ☐ No

To cast a Ballot for Election of an Executive Trustee of IMRF ☐ Yes ☐ No

**X** _____ _____

Signature of Authorized Agent Date

**Certification**

I, _____, do hereby certify that I am _____
(Name) (Clerk or Secretary)

of the _____
(Name of Employer)

and the keeper of its books and records and the foregoing appointment and delegation were made by resolution duly adopted on the date indicated.

SEAL

Signature of Clerk or Secretary _____

**Business Address**

All correspondence and communications with the Authorized Agent are to be addressed as follows:

| Name (*if different from above*)<br>**Mr./Mrs./Dr./Ms.** | |
|---|---|
| Business Address | |
| City State and Zip + 4 | |
| Telephone (w/area code and extension) | Alternate telephone number (w/area code and extension) |
| FAX (w/area code) | Email address |

**Illinois Municipal Retirement Fund**
2211 York Road Suite 500 Oak Brook, IL 60523-2337
Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) *www.imrf.org*