NOTICE OF ELECTION OR APPOINTMENT OF TOWNSHIP SUPERVISOR

IMRF Form 2.30 (Rev. 08/2011)

FORM 230

INSTRUCTIONS

- In townships, the Township Supervisor is designated, by state law, as the IMRF Authorized Agent. This form should be filed when a new Township Supervisor is elected or appointed.
- Please file this form promptly.
- 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.

Township Name	Employer IMRF I.D. Number

Supervisor's First Name Middle Initial Last Jr., Sr., II, etc. **Mr./Mrs.** **Dr./Ms**.	Social Security Number ___ ___ ___ ___ ___ ___ ___ ___ ___

Date you took office as Supervisor	FOR IMRF USE ONLY

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

I certify the foregoing is true and correct

X _____ _____

Signature of Township Supervisor Date

Business Address
All correspondence and communications with the Township Supervisor are to be addressed as follows:

Name (*if different from above*) **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