

IMRF Form 1.72 (01/08)

## INSTRUCTIONS

- The authorized agent must certify the dissolution of the unit of government.
  - Mail this completed form and a copy of the official documentation of the dissolution to IMRF.
  - Acceptable official documentation is a copy of the legislation that caused the dissolution, a copy of the referendum that caused the dissolution, or a copy of the letter from the legal authority authorizing the dissolution.
  - A copy of this completed form should be retained by the annexing or consolidating unit of government. Use multiple copies if additional lines are needed.
  - Please provide a list of all employees that will be transferring to the annexing or consolidating entity/employer and will continue employment in an IMRF-qualified position.
- PLEASE PRINT OR TYPE      USE BLACK INK**

**PLEASE PRINT OR TYPE — USE BLACK INK**

### CERTIFICATION BY AUTHORIZED AGENT

As Authorized Agent for City of Anywhere, I hereby certify as follows:

**1. The following governmental unit(s) were dissolved:**

Anywhere Library District

NAME AND NUMBER OF **DISSOLVED** GOVERNMENTAL UNIT

SOCIAL SECURITY IDENTIFICATION NUMBER  
(To be completed by IMRF)

NAME AND NUMBER OF **DISSOLVED** GOVERNMENTAL UNIT

SOCIAL SECURITY IDENTIFICATION NUMBER  
(To be completed by IMRF)

Anywhere

COUNTY

NO. OF EMPLOYEES  
(To be completed by IMRF)

COUNTY

NO. OF EMPLOYEES  
(To be completed by IMRF)

2. This (these) unit(s) was (were) dissolved as of 3/2/08 and the annexing or consolidating governmental unit(s)  
DATE  
will begin administration of the functions of the dissolved unit(s) on 3/2/08 .  
DATE

3. All the territory of the dissolved governmental unit(s) was annexed or consolidated to and all functions of the dissolved governmental unit(s) have been assumed by the **following governmental unit**: *(If there is a split dissolution, please indicate the percentage of entity which is transferring to a new or existing entity and identify which employees will transfer.)*

City of Somewhere

50%

Somewhere

NAME AND NUMBER OF ANNEXED or CONSOLIDATED GOVERNMENTAL UNIT	% (PERCENT)
1. <b>ANNEXED</b>	
2. <b>CONSOLIDATED</b>	
3. <b>OTHER</b>	
4. <b>TOTAL</b>	

COUNTY

SOCIAL SECURITY IDENTIFICATION NUMBER  
(To be completed by IMRF)NO. OF EMPLOYEES  
(To be completed by IMRF)

City of Green

50%

Green

NAME AND NUMBER OF ANNEXED or CONSOLIDATED GOVERNMENTAL UNIT	% (PERCENT)
1. City of Chicago	100

COUNTY

SOCIAL SECURITY IDENTIFICATION NUMBER  
(To be completed by IMRF)

NO. OF EMPLOYEES  
(To be completed by IMRF)

The annexations, or consolidations and dissolutions were accomplished pursuant to law.

Allen Agent

Anywhere

3/02/08

SIGNATURE OF AUTHORIZED AGENT

AUTHORIZED AGENT  
FOR WHICH UNIT OF GOVERNMENT

DATE \_\_\_\_\_

## Illinois Municipal Retirement Fund

Suite 500, 2211 York Road, Oak Brook Illinois 60523-2337

Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673)

[www.imrf.org](http://www.imrf.org)