

ATTACHMENT VIII-H

ATTACHMENT VIII-H: Appointment of IMRF Authorized Agent

Suggested Motion: Approve the Appointment of IMRF Authorized Agent for the District

Recommended Action: Approve as presented.

Attached is IMRF Form 2.20 to be approved by the District. Julia Saunders, Business Manager, will be our authorized agent.



NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 10/2014)

INSTRUCTIONS

- The governing body of an IMRF employer (including townships) can appoint any qualified party as the employer's IMRF Authorized Agent.
- The governing body makes the appointment by adopting a resolution.
- 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 <i>North Boone Community School</i>		EMPLOYER IMRF I.D. NUMBER <i>04062</i>	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME <i>SAUNDERS</i>	FIRST NAME <i>Julia</i>	MIDDLE INITIAL JR., SR., II, ETC. <i>R</i>
TYPE OF GOVERNING BODY <i>Public School</i>			
DATE APPOINTMENT MADE (MM/DD/YYYY) <i>7-1-15</i>	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) <i>7-1-15</i>	POSITION TITLE <i>Director of Business Services</i>	
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		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
To cast a Ballot for Election of an Executive Trustee of IMRF		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE <i>X Julia Saunders</i>		DATE (MM/DD/YYYY) <i>7-6-15</i>	
CERTIFICATION			
I, <u><i>THOMAS MOON</i></u> , do hereby certify that I am <u><i>Secretary</i></u>		CLERK OR SECRETARY	
of the <u><i>NORTH BOONE CUSD 200 BOARD OF EDUCATION</i></u>		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.			
SIGNATURE OF CLERK OR SECRETARY <i>Thomas W. Moon</i>		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) <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <i>Julia Saunders</i>			
BUSINESS ADDRESS <i>6248 North Boone School Rd</i>			
CITY STATE AND ZIP + 4 <i>Poplar Grove IL 61065</i>			
DAYTIME TELEPHONE NO. (with Area Code) <i>815-765-9437</i>		ALTERNATE TELEPHONE NUMBER (with Area Code)	
FAX NO. (with Area Code) <i>815-765-2053</i>		EMAIL ADDRESS <i>JSaunders@NBUSO.ORG</i>	

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) Fax (630) 706-4289

www.imrf.org