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	EMPLOYER IMRF I.D. NUMBER
Town of Cortland	6231

AUTHORIZED AGENT'S SALUTATION	LAST NAME	FIRST NAME	MIDDLE INITIAL	JR., SR., II, ETC.
☐ Dr. ☐ Mr. ☑ Mrs. ☐ Ms.	Aldis	Cheryl		

TYPE OF GOVERNING BODY
Municipality

DATE APPOINTMENT MADE (MM/DD/YYYY)	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY)	POSITION TITLE
07/27/2020	07/28/2020	Town Clerk

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 NAMED ABOVE — DATE (MM/DD/YYYY)

CERTIFICATION

I, Elizabeth Peerboom (NAME), do hereby certify that I am Deputy Clerk (CLERK OR SECRETARY)

of the Town of Cortland (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*)
☐ Mrs. ☐ Mrs. ☐ Ms. Cheryl Aldis

BUSINESS ADDRESS
PO Box 519

CITY STATE AND ZIP + 4
Cortland, IL 60112-0519

DAYTIME TELEPHONE NO. (with Area Code)	ALTERNATE TELEPHONE NUMBER (with Area Code)
(815) 756-3030	(815) 756-9041
FAX NO. (with Area Code)	**EMAIL ADDRESS**
(815) 756-4583	townclerk@cortlandil.org