RESOLUTION 2019-5 APPOINTING THE MAINE TOWNSHIP IMRF AUTHORIZED AGENT

WHEREAS, the Maine Township ("Township") is a township duly organized and existing pursuant to the Township Code, 60 ILCS 5/1-1 et seq.; and

WHEREAS, the Township is a participating municipality in the Illinois Municipal Retirement Fund ("IMRF"); and

WHEREAS, as a participating municipality, the Township is required to appoint an individual to serve as the Township's Authorized Agent for IMRF purposes, in accordance with the Illinois Pension Code, 40 ILCS 5/7-135(a); and

WHEREAS, the Township's IMRF Authorized Agent is vested with all the powers and duties as set forth in the Pension Code, 40 ILCS 5/7-135(b); and

WHEREAS, the Pension Code provides that the Township Supervisor serves in such position in the absence of an appointment; and

WHEREAS, in accordance with the Pension Code, the Supervisor currently serves in the position of IMRF Authorized Agent, pursuant to a Notice of Appointment of Authorized Agent filed with IMRF in May 2017; and

WHEREAS, the Board of Trustees believes it is necessary and proper and in keeping with the Pension Code, 40 ILCS 5/7-135(a) to appoint its Authorized Agent; and

WHEREAS, the Board of Trustees finds that Trustee Claire R. McKenzie has the necessary skills and authority to serve both the Township and its IMRF members as its Authorized Agent, and that Trustee McKenzie has indicated her willingness to serve in such capacity.

NOW, THEREFORE, BE IT RESOLVED BY THE MAINE TOWNSHIP BOARD OF TRUSTEES, COOK COUNTY, ILLINOIS, AS FOLLOWS:

SECTION 1. The recitals set above are incorporated herein and made a part hereof.

SECTION 2. That Claire R. McKenzie be appointed, effective immediately, to serve as the Maine Township IMRF Authorized Agent, and in such capacity, to undertake all of the powers and duties of the position as set forth by law and in accordance with all IMRF adopted rules and regulations.

SECTION 3. That in accordance with this Resolution, the Appointed Agent and the Maine Township Clerk shall execute IMRF Form 2.20, Notice of Appointment of Authorized Agent as attached hereto, and deliver it to IMRF in accordance with the IMRF rules regarding such notice.



NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 10/2014)

ISTRUCTIONS

- 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

The station and the station an	User ID on IMRF Employer Access.
EMPLOYER NAME Marne Town Ship AUTHORIZED AGENT'S SALUTATION LAST NAME Dr. Mr. Mrs. Ms. McKenzie Type of governing body	EMPLOYER IMRF I.D. NUMBER
AUTHORIZED AGENT'S SALUTATION LAST NAME	EIRCT NAME
Dr. Mr. Mrs. Ms. McKenzie	FIRST NAME MIDDLE INITIAL JR., SR., II, ETC.
TYPE OF GOVERNING BODY	
Township Board of Directors	
DATE APPOINTMENT MADE (MM/DD/YYYY) EFFECTIVE DATE OF APPOINT	NTMENT (MM/DD/YYYY) POSITION TITLE
05/28/2019 05/28/20,	19 Authorized Harent
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 Executiv	ve Trustee of IMRF Kes No
To cast a Ballot for Election of an Executive T	rustee of IMRF Yes No
X Claude	05/28/2019
SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE	DATE (MW/DD/YYYY)
CERTIFICATION	
I, POTER GINIAMS , do hereby certify that I am (LYCK) NAME Of the TURNAS OF MONEY CLERK OR SECRETARY	
of the TOWNSHIP OF MAINE NAME OF EMPLO	CLERK OR SECRETARY
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	De De 1
•	SIGNATURE OF OUT OF STREET
BUSINESS ADDRESS	SIGNATURE OF CLERK OR SECRETARY
All correspondence and communications with the Authorized Age	ent are to be addressed as fallous.
NAME (IF DIFFERENT FROM ABOVE)	one are to be addressed as follows.
Ms. rs. □ Ms.	
200 N. LaSalle St., 30	the Floor
CITY STATE AND ZIP + 4	
Chicago, FL 60601	
AYTIME TELEPHONE NO. (with Area Code)	ALTERNATE TELEPHONE NUMBER (with Area Code)
(312)609 - 5534 X NO. (with Area Code)	(224) 595-0383
(312) 641 ~ 6661	EMAIL ADDRESS
	claire e mckenziemail. com
IMRF	