RESOLUTION NO.	

RESOLUTION DESIGNATING AN AUTHORIZED AGENT TO THE ILLINOIS MUNICIPAL RETIREMENT FUND

WHEREAS, the Reaching Across Illinois Library System, hereinafter, "RAILS" is a participating member of the Illinois Municipal Retirement Fund; and

WHEREAS, RAILS is authorized to designate a person to be the Authorized Agent on behalf of RAILS to IMRF; Now, therefore be it resolved by the President and Board of Trustees of RAILS as follows: SECTION ONE: That RAILS Authorized Agent to IMRF effective immediately shall be Monica Harris. SECTION TWO: This Resolution shall be in full force and effect after passage and approval as required by law. The above resolution is hereby Passed and approved by the RAILS Board of Trustees, this 19th day of November 2021. Ayes: _____ Nays: _____ Absent: President, Board of Directors, Reaching Across Illinois Library System ATTEST:

Secretary, Board of Directors, Reaching Across Illinois Library System



MOTICE 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	
AUTHORIZED AGENT'S SALUTATION LAST NAME FIRST NA	ME MIDDLE INITIAL JR., SR., II, ETC.	
□ Dr. □ Mr. □ Mrs. □ Ms.		
TYPE OF GOVERNING BODY		
DATE APPOINTMENT MADE (MM/DD/YYYY) EFFECTIVE DATE OF APPOINTMENT (N	IM/DD/YYYY) POSITION TITLE	
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 Truste	ee 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,, do hereby certify that I am NAME CLERK OR SECRETARY		
	CLERK OR SECRETARY	
of theNAME 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)		
□ Dr. □ Mr. □ Mrs. □ Ms.		
BUSINESS ADDRESS		
CITY STATE AND ZIP + 4		
DAYTIME TELEPHONE NO. (with Area Code)	ALTERNATE TELEPHONE NUMBER (with Area Code)	
FAX NO. (with Area Code)	EMAIL ADDRESS	