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August 14, 2024

**TO: RAILS Board**

**FROM: Monica Harris, Executive Director**

**SUBJECT: Appointment of IMRF Authorized Agent**

The Illinois Municipal Retirement Fund (IMRF) requires participating organizations to designate an Authorized Agent, which localizes the administration of IMRF to one person in the organization. In order to appoint an Authorized Agent the governing body must pass a resolution. You'll find a sample resolution following this memo for your review.

Prior to 2021, RAILS had a Human Resources Director and then a Finance Director serve as Authorized agent for RAILS. When there was a retirement of the Authorized Agent expected, the RAILS Board voted to make me (currently serving as Associate Executive Director) RAILS Authorized Agent in November 2021. I have served in that capacity since then.

With the updates to the organizational structure in June 2024, including the promotion of Sharon Swanson to Finance Director, I recommend that the Board appoint Sharon Swanson as the Authorized Agent for RAILS. I look forward to further discussing this with the Board at our August meeting.

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 Sharon Swanson.

**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 23<sup>rd</sup> day of August 2024.

Ayes: \_\_\_\_\_

Nays: \_\_\_\_\_

Absent: \_\_\_\_\_

\_\_\_\_\_  
President, Board of Directors,  
Reaching Across Illinois Library System

ATTEST:

\_\_\_\_\_  
Secretary, Board of Directors,  
Reaching Across Illinois Library System



# 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	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME	FIRST NAME	MIDDLE INITIAL JR., SR., II, ETC.
TYPE OF GOVERNING BODY			
DATE APPOINTMENT MADE (MM/DD/YYYY)	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY)	POSITION TITLE	
<p>Powers and duties delegated to Authorized Agent pursuant to Sec. 7-135 of Illinois Pension Code by governing body (P.A. 97-0328 <b>removed</b> the requirement that the Authorized Agent be a participant in IMRF to file a petition or cast a ballot):</p> <p>To file Petition for Nominations of an Executive Trustee of IMRF    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>To cast a Ballot for Election of an Executive Trustee of IMRF    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>			
<b>X</b> SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE		DATE (MM/DD/YYYY)	
<b>CERTIFICATION</b>			
I, _____, do hereby certify that I am _____ <small>NAME</small> <span style="float: right;"><small>CLERK OR SECRETARY</small></span>			
of the _____ <small>NAME OF EMPLOYER</small>			
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	
<b>BUSINESS ADDRESS</b>			
All correspondence and communications with the Authorized Agent are to be addressed as follows:			
NAME (IF DIFFERENT FROM ABOVE)			
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> 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	

IMRF

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

Employer Only Phone: 1-800-728-7971 Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) Fax (630) 706-4289