



MEMO

To: Sue Messer, Interim City Manager
From: Chris Cardott, Finance Director
Date: April 10, 2017
Re: IMRF Authorized Agent

In July 2014, the City Council approved me as the authorized agent for IMRF. Due to my name change, IMRF would like the same form to be approved. I have attached the resolution for 2017 and the IMRF AA form. Also, at that time the resolution stated that Barb Orlikowski was named the assistant to the authorized agent. I recommend that be changed to Nancy Bingham. Please add this to the next City Council agenda.

Thanks

RESOLUTION NO: _____

Passed: April 24, 2017

**APPOINTING AN AUTHORIZED AGENT AND ASSISTANT FOR THE
ILLINOIS MUNICIPAL RETIREMENT SYSTEM**

WHEREAS, the City of Rochelle is a participant in the Illinois Municipal Retirement System, and;

WHEREAS, by law the City is required to have an authorized agent,

NOW, THEREFORE BE IT RESOLVED by the Mayor and Council of the City of Rochelle that:

SECTION 1. Chris Cardott is appointed as the City of Rochelle's authorized agent.

SECTION 2. Nancy Bingham is appointed as the City of Rochelle's assistant to the authorized agent

SECTION 3. The authorized agent is granted the powers and duties as provided by law to administer the City's IMRF system and to exercise the powers and duties pertaining to nomination and election of trustees of IMRF.

SECTION 4. This appointment is effective as of April 24, 2017.

PASSED AND APPROVED this 24th day of April, 2017.

ATTEST:

Bruce W. McKinney
City Clerk, City of Rochelle

Chet J. Olson
Mayor, City of Rochelle



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 City of Rochelle		EMPLOYER IMRF I D NUMBER 03383	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms.	LAST NAME Cardott	FIRST NAME Christina	MIDDLE INITIAL JR, SR, II, ETC. L.
TYPE OF GOVERNING BODY municipality			
DATE APPOINTMENT MADE (MM/DD/YYYY) 04/24/2017	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) 04/24/2017	POSITION TITLE Finance Director	
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
X SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE		DATE (MM/DD/YYYY)	
CERTIFICATION			
I, _____, do hereby certify that I am _____			
NAME		CLERK OR SECRETARY	
of the _____			
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)			
<input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			
BUSINESS ADDRESS			
420 N 6th Street			
CITY STATE AND ZIP + 4			
Rochelle, IL 61068			
DAYTIME TELEPHONE NO (with Area Code)		ALTERNATE TELEPHONE NUMBER (with Area Code)	
(815) 561-2043			
FAX NO (with Area Code)		EMAIL ADDRESS	
(815) 562-3888		ccardott@rochelleil.us	

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