



AN ORDINANCE ELECTING PARTICIPATION IN THE ILLINOIS MUNICIPAL RETIREMENT FUND

BE IT ORDAINED BY THE * Board of Trustees (GOVERNING BODY) of Maroa Public Library District (UNIT OF GOVERNMENT), that

WHEREAS, Article 7 of the Illinois Pension Code provides that a unit of government may elect to participate in the Illinois Municipal Retirement Fund by the adoption of a resolution or ordinance of its governing body, participation to begin following receipt by the Board of Trustees of the Fund of official notice of the election by the unit of government and on a date specified by the IMRF Board; and

WHEREAS, IMRF prepared an estimate of the cost of IMRF participation and the Board of Trustees (GOVERNING BODY) reviewed that cost and determined that Maroa Public Library District (UNIT OF GOVERNMENT) has the financial capacity to participate in IMRF; and

WHEREAS, Maroa Public Library District (UNIT OF GOVERNMENT) acknowledges that the decision to participate in IMRF is irrevocable.

NOW, THEREFORE, BE IT ORDAINED by the * Board of Trustees (GOVERNING BODY) of Maroa Public Library District (UNIT OF GOVERNMENT), as follows:

- 1. That the Maroa Public Library District (UNIT OF GOVERNMENT), Macon (COUNTY), Illinois, does hereby elect to participate in the Illinois Municipal Retirement Fund.
2. That the standard for IMRF participation shall be a position normally requiring performance of duty for 1,000 hours per year. 600 OR 1,000
3. That the Secretary (CLERK OR SECRETARY) be directed to promptly file a certified copy of this ordinance with the Board of Trustees of the Illinois Municipal Retirement Fund.

CERTIFICATION

I, Anthony Norton (NAME), the Secretary (CLERK OR SECRETARY) of the Maroa Public Library District (UNIT OF GOVERNMENT) of the County of Macon,

State of Illinois, do hereby certify that I am the keeper of the books and records of the aforesaid unit of government and that the foregoing is a true and correct copy of an ordinance duly adopted by Maroa Public Library District (GOVERNING BODY) of said unit of government at a meeting duly convened and

held on the 19th (DAY) day of December (MONTH) 20 22 (YEAR).

SEAL

(CLERK OR SECRETARY)

*Villages - President and Board of Trustees
Cities - City Council
Others - Name of Governing Body



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	LAST NAME	FIRST NAME	MIDDLE INITIAL JR., SR., II, ETC.
<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
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 removed 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>			
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 type="checkbox"/> Ms. <input type="checkbox"/> rs. <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