

040577

**VILLAGE OF LOMBARD**  
**REQUEST FOR BOARD OF TRUSTEES ACTION**  
For Inclusion on Board Agenda

DISTRICT # \_\_\_\_\_

  X   Resolution or Ordinance (Blue)                      Waiver of First Requested \_\_\_\_\_  
\_\_\_\_ Recommendations of Boards, Commissions & Committees (Green)  
\_\_\_\_ Other Business (Pink)

**TO :**             PRESIDENT AND BOARD OF TRUSTEES

**FROM:**          William T. Lichter, Village Manager

**DATE :**          November 10, 2004    **B of T** November 18, 2004

**SUBJECT:**      Appointing a new Agent for IMRF

**SUBMITTED BY:**     William T. Lichter, Village Manager

**BACKGROUND/POLICY IMPLICATIONS:**

The Illinois Municipal Retirement Fund (IMRF) requires an individual be appointed to act as Authorized Agent for the Village of Lombard. It is recommended that the Village appoint Kathleen Dunne as the Authorized Agent.

**Fiscal Impact/Funding Source:**

N/A

Review (as necessary):  
Finance Director *Robert Flood*    Date *11/11/04*  
Village Manager *W. T. Lichter*    Date *11/11/04*

**NOTE:** All materials must be submitted to and approved by the Village Manager's Office by 12:00 noon, Wednesday, prior to the Agenda distribution.

RESOLUTION  
R \_\_\_\_\_ 05

A RESOLUTION APPOINTING AUTHORIZED AGENT  
FOR THE ILLINOIS MUNICIPAL RETIREMENT FUND

BE IT RESOLVED by the President and Board of Trustees of the Village of Lombard, DuPage County, Illinois that Kathleen Dunne be and is hereby appointed as authorized agent of the Village of Lombard for the Illinois Municipal Retirement Fund, pursuant to Section 7-135 of the Illinois Pension Code, and

Said authorized agent shall have the power and duty to file petitions for nomination of an executive trustee of the fund and to cast a ballot for election of an executive trustee of the fund.

BE IT FURTHER RESOLVED that the Village Clerk is hereby authorized and directed to transmit a certified copy of this resolution to the Illinois Municipal Retirement Fund, 2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337

Adopted this \_\_\_\_ day of \_\_\_\_\_, 2004

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

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

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

Approved this \_\_\_\_ day of \_\_\_\_\_, 2004

\_\_\_\_\_  
William J. Mueller  
Village President

ATTEST:

\_\_\_\_\_  
Barbara Johnson  
Village Clerk



# NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 6/02)

## INSTRUCTIONS

- Appointment of an Authorized Agent is to be made by adoption of a resolution by the governing body.
- 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.
- If you have an Employer Access account through IMRF *Online*, you will need to update the account profile to reflect this change.

Employer Name <b>VILLAGE OF LOMBARD</b>	Employer IMRF I.D. Number <b>03112</b>
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Authorized Agent's First Name <b>Mr./Mrs.</b> <b>Dr./Ms. KATHLEEN DUNNE</b>	Middle Initial	Last	Jr., Sr., II, etc.	Social Security Number <u>  346  </u> <u>  56  </u> <u>  1307  </u>
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Type of governing body <b>BOARD OF TRUSTEES</b>		
Date appointment made	Effective date of appointment	Position Title <b>HUMAN RESOURCE GENERALIST</b>

Powers and duties delegated to Authorized Agent pursuant to Sec. 7-135 of Illinois Pension Code by governing body (the Authorized Agent must be a participant in IMRF to file a petition or cast a ballot):

To file Petition for Nominations of an Executive Trustee of IMRF  Yes  No

To cast a Ballot for Election of an Executive Trustee of IMRF  Yes  No

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

**Certification**

I, BARBARA JOHNSON, do hereby certify that I am CLERK  
(Name) (Clerk or Secretary)

of the VILLAGE OF LOMBARD  
(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) Mr./Mrs. Dr./Ms.	Position Title
Business Address <b>255 E. WILSON AVE</b>	Telephone (include area code) + Ext. <b>(630) 620-5714</b>
City State and Zip + 4 <b>LOMBARD, IL 60148-3931</b>	FAX (include area code) <b>(630) 620-8222</b>