



# 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 Town of the City of Peoria, Illinois		EMPLOYER IMRF I.D. NUMBER 03224	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME LEARY	FIRST NAME LATRINA	MIDDLE INITIAL JR., SR., II, ETC. J
TYPE OF GOVERNING BODY Peoria Township			
DATE APPOINTMENT MADE (MM/DD/YYYY)	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY)	POSITION TITLE	
	05/17/2021	Township Supervisor	
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
To cast a Ballot for Election of an Executive Trustee of IMRF		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE		DATE (MM/DD/YYYY)	
_____		_____	
<b>CERTIFICATION</b>			
I, <u>Stefanie Tarr</u> , do hereby certify that I am <u>Town Clerk</u>			
NAME		CLERK OR SECRETARY	
of the <u>Town of the City of Peoria</u>		_____	
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	
_____		_____	
<b>BUSINESS ADDRESS</b>			
All correspondence and communications with the Authorized Agent are to be addressed as follows:			
NAME (IF DIFFERENT FROM ABOVE)			
<u>Ms.</u> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <u>LATRINA J. LEARY</u>			
BUSINESS ADDRESS			
<u>205 S.W. Adams St.</u>			
CITY STATE AND ZIP + 4			
<u>Peoria, IL 61602-1407</u>			
DAYTIME TELEPHONE NO. (with Area Code)		ALTERNATE TELEPHONE NUMBER (with Area Code)	
<u>(309) 674-8237</u>			
FAX NO. (with Area Code)		EMAIL ADDRESS	
<u>(309) 674-8347</u>		<u>peoriatownshipsupervisor@gmail.com</u>	

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