

**RESOLUTION NO. 2017-06-042R**

**A RESOLUTION APPOINTING THE HUMAN RESOURCES DIRECTOR AS THE AUTHORIZED AGENT FOR THE ILLINOIS MUNICIPAL RETIREMENT FUND**

**(2017)**

**WHEREAS**, the City of Urbana, participates in the Illinois Municipal Retirement Fund ("IMRF"), a pension plan that provides retirement, disability, and death benefits to its employees, pursuant to Section 7-132 of the Illinois Pension Code, 40 ILCS 5/7-132; and

**WHEREAS**, Section 7-135 of the Illinois Pension Code, 40 ILCS 5/7-135, authorizes each participating municipality to appoint an authorized agent to act on behalf of the municipality with respect to the IMRF, in accordance with the powers and duties set forth in such section; and

**WHEREAS**, the City Council, after due consideration, finds that the appointment of the Human Resources Director as the City's IMRF authorized agent is in the best interests of the City and is desirable for the welfare of the City's government and affairs.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF URBANA, ILLINOIS**, as follows:

**Section 1.**

The Human Resources Director is hereby appointed to serve as the authorized agent to act on behalf of the City of Urbana in connection with the Illinois Municipal Retirement Fund.

**Section 2.**

The Human Resources Director is hereby vested with the power to execute all necessary documents with the IMRF incidental to administration of the plan and all of the powers and duties set forth in Section 7-135 of the Illinois Pension Code, including but not limited to the power to file petitions for nominations of an executive trustee of the IMRF and to cast a ballot for election of an executive trustee of the IMRF.

**Section 3.**

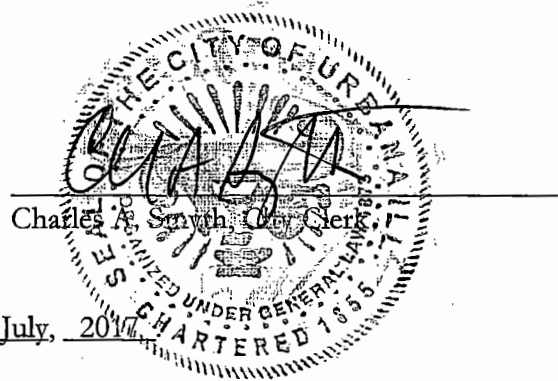
Upon approval of this Resolution, the City Clerk is directed to (a) certify by signature on IMRF Form 2.20, "Notice of Appointment of Authorized Agent," that the Human Resources Director is appointed as the authorized agent for the City of Urbana; and (b) transmit a certified copy of this Resolution and the completed Form 2.20 to the Illinois Municipal Retirement Fund, 2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337.

**PASSED BY THE CITY COUNCIL** this 10<sup>th</sup> day of July, 2017.

**AYES:** Ammons, Brown, Hazen, Miller, Roberts, Wu

**NAYS:**

**ABSTAINED:**



**APPROVED BY THE MAYOR** this 12<sup>th</sup> day of July, 2017.

*Diane Wolfe Marlin*  
Diane Wolfe Marlin, Mayor



City of Urbana  
400 South Vine Street  
Urbana, IL 61801

## CLERK'S CERTIFICATE

STATE OF ILLINOIS            )  
  )    SS  
COUNTY OF CHAMPAIGN    )

I, CHARLES A. SMYTH, City Clerk of the City of Urbana, Illinois, and keeper of the records, files and seal of said City, do hereby certify that the foregoing is a true and exact copy of a resolution entitled:

**“A RESOLUTION APPOINTING THE HUMAN RESOURCES DIRECTOR AS THE AUTHORIZED AGENT FOR THE ILLINOIS MUNICIPAL RETIREMENT FUND (2017)” [Res. No. 2017-06-042R]**

adopted by the City Council of the City of Urbana, Illinois, on the 10<sup>th</sup> day of July, AD, 2017, as it appears in the records and files in my office remaining.

Given under my hand and seal of said City of Urbana, Illinois, this 12<sup>th</sup> day of July, AD, 2017.



  
\_\_\_\_\_  
Charles A. Smyth, City Clerk



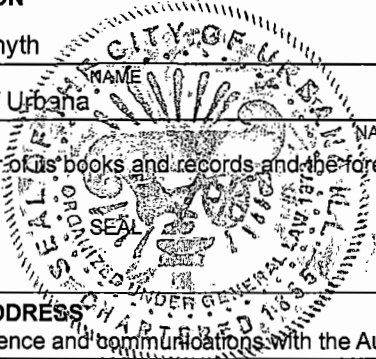



# NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

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<br>City of Urbana  |  | EMPLOYER IMRF I.D. NUMBER<br>3394   |  |
| AUTHORIZED AGENT'S SALUTATION<br><input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.   | LAST NAME<br>Rent  | FIRST NAME<br>Todd  | MIDDLE INITIAL JR., SR., II, ETC.<br>E |
| TYPE OF GOVERNING BODY<br>Local Government   |  |   |  |
| DATE APPOINTMENT MADE (MM/DD/YYYY)<br>06/05/2017   | EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY)<br>06/05/2017 | POSITION TITLE<br>Human Resources <i>Director</i>                                     |  |
| 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            |
| <b>X</b>    |  |  |  |
| SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE  |  | DATE (MM/DD/YYYY)<br>6-6-17   |  |
| <b>CERTIFICATION</b>   |  |   |  |
| I, <u>Charles Smyth</u>  |  | do hereby certify that I am <u>City Clerk</u>   |  |
| of the <u>City of Urbana</u>   |  | CLERK OR SECRETARY  |  |
| 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.   |  |   |  |
|   |  |  |  |
| 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)<br><input checked="" type="checkbox"/> Mr. <input type="checkbox"/> rs. <input type="checkbox"/> Ms.  |  |   |  |
| BUSINESS ADDRESS<br>400 S. Vine Street   |  |   |  |
| CITY STATE AND ZIP + 4<br>Urbana, IL 61801   |  |   |  |
| DAYTIME TELEPHONE NO. (with Area Code)<br>(217) 384-2451   |  | ALTERNATE TELEPHONE NUMBER (with Area Code)<br>(217) 384-2458                         |  |
| FAX NO. (with Area Code)<br>(217) 328-8288   |  | EMAIL ADDRESS<br>terent@urbanaininois.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