

RESOLUTION NO. 2017-R24

A RESOLUTION APPOINTING SUPERVISOR FRED SCHULTE
AS AN IMRF AUTHORIZED AGENT

WHEREAS, Edwardsville Township, Madison County, Illinois, is a Township operating under and pursuant to the Illinois Township Code; and

WHEREAS, the Township is a member of the Illinois Municipal Retirement Fund; and

WHEREAS, the Township wishes to appoint Supervisor Fred Schulte as an IMRF Authorized Agent.

NOW, THEREFORE, BE IT RESOLVED by the Township Board of Edwardsville, Madison County, Illinois as follows:

SECTION 1: The above cited recitals are incorporated herein by reference.

SECTION 2: The Township Board hereby appoints Supervisor Fred Schulte as an IMRF Authorized Agent for Edwardsville Township.

SECTION 4: In the event of a conflict between the terms of this Resolution and any other Resolution of the Township the terms of the Resolution shall govern.

SECTION 5: In the event that any term or provision hereof is found or determined to be invalid, the invalid portion shall be deemed stricken here from and the remainder shall be in full force and effect.

SECTION 6: This resolution shall be in full force and effect immediately after its passage and approval.

Motion was made by Trustee Hall, seconded by Trustee Krumeich
that the Resolution be adopted and approved by 5 Ayes and 0 Nays.

**PASSED BY THE TOWNSHIP BOARD OF EDWARDSVILLE TOWNSHIP, MADISON
COUNTY, ILLINOIS, IN REGULAR AND PUBLIC SESSION THIS 28TH OF NOVEMBER, 2017.**

ATTEST:

APPROVED:

Jeanne Wojcieszak
Township Clerk
Deputy Clerk

Fred Schulte
Township Supervisor



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 <u>Edwardsville Township</u>		EMPLOYER IMRF I.D. NUMBER <u>0177</u>	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME <u>Schulte</u>	FIRST NAME <u>Fred</u>	MIDDLE INITIAL JR., SR., II, ETC. <u>M</u>
TYPE OF GOVERNING BODY <u>Township</u>			
DATE APPOINTMENT MADE (MM/DD/YYYY) <u>11/28/2017</u>	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) <u>11/28/2017</u>	POSITION TITLE <u>Supervisor</u>	
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 <u>Fred Schulte</u>		<u>11/28/2017</u>	
SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE		DATE (MM/DD/YYYY)	
CERTIFICATION			
I, <u>Jeanne Wojcieszak</u>		do hereby certify that I am <u>Deputy Clerk</u>	
NAME		CLERK OR SECRETARY	
of the <u>Township of Edwardsville</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		<u>Jeanne Wojcieszak</u>	
		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			
<u>300 W. Park Street</u>			
CITY STATE AND ZIP + 4			
<u>Edwardsville, IL 62025</u>			
DAYTIME TELEPHONE NO. (with Area Code)		ALTERNATE TELEPHONE NUMBER (with Area Code)	
<u>618-656-0292</u>			
FAX NO. (with Area Code)		EMAIL ADDRESS	
<u>618-656-7289</u>		<u>fschulte@edwardsville</u>	
		<u>township.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