



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 Dixon Unit School District #170		EMPLOYER IMRF I.D. NUMBER 01430	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME Grubic	FIRST NAME Erin	MIDDLE INITIAL JR., SR., II, ETC. E,
TYPE OF GOVERNING BODY School District			
DATE APPOINTMENT MADE (MM/DD/YYYY) 02/19/2025	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) 02/19/2025	POSITION TITLE Human Resources	
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			
SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE		DATE (MM/DD/YYYY)	
CERTIFICATION			
I, <u>Linda LeBlanc-Parks</u> , do hereby certify that I am <u>Secretary</u>			
NAME		CLERK OR SECRETARY	
of the <u>Dixon Unit School District #170 Board of Education</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	
BUSINESS ADDRESS			
All correspondence and communications with the Authorized Agent are to be addressed as follows:			
NAME (IF DIFFERENT FROM ABOVE)			
Mrs. <input type="checkbox"/> rs. <input type="checkbox"/> Ms.			
BUSINESS ADDRESS			
1335 Franklin Grove Road			
CITY STATE AND ZIP + 4			
Dixon, IL 61021			
DAYTIME TELEPHONE NO. (with Area Code)		ALTERNATE TELEPHONE NUMBER (with Area Code)	
(815) 373-4966			
FAX NO. (with Area Code)		EMAIL ADDRESS	
(815) 284-8576		egrubic@dps170.org	

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