



Memorandum

**Mid-Valley
Special Education
Cooperative**
1304 Ronzheimer Avenue
Saint Charles, IL 60174
630-513-4400

To: MVSEC Executive Advisory Board
From: Sue Caddy, Director of Business & HR
Date: August 30, 2012
Re: IMRF RESOLUTION

Attached is a revised Appointment of Authorized Agent form from IMRF. At the time the Board appointed an authorized agent for IMRF, voting authority was not stipulated. The revision now grants the authorized agent to cast ballots on behalf of the governing board for IMRF Trustee and other elections.



Illinois Municipal Retirement Fund

Suite 500 2211 York Road Oak Brook, IL 60523-2337
Member Services Representatives 1-800-ASK-IMRF
www.imrf.org

August 2012

SUSAN J. CADDY 06910
MID-VALLEY SPEC EDUC COOP
1304 RONZHEIMER AVE
ST CHARLES IL 60174

RECEIVED

AUG 17 2012

Mid Valley Special Education

2012 Executive Trustee Election Information

Employer Number..... 06910
First Name..... SUSAN
Middle Initial..... J
Last Name..... CADDY
Salutation..... (Mr./Mrs./Ms./Dr.)
Job Title.....
Authorized to Cast Ballot..... GOVERNING BODY OF MID-VALLEY SPEC EDUC COOP

**If the information is correct, you do not have to contact us.
If any information is missing or incorrect,
complete the enclosed IMRF Form "Notice of Appointment of Authorized Agent."**

IMRF will conduct an Executive Trustee election later this year.

Public Act 97-0328 changed the requirements for voting in an IMRF Executive Trustee election. All Authorized Agents, regardless of IMRF participation status, may cast a ballot in an Executive Trustee election **if** the governing body has given the Agent such power on his or her "Notice of Appointment of Authorized Agent."

If you have NOT been given such authority, your governing body MUST cast the ballot. If an Authorized Agent who doesn't have such authority casts a ballot, the ballot is considered void and is not counted.

If your governing body wishes to change voting authority or name a new Authorized Agent, it must submit a new "Notice of Appointment of Authorized Agent" to IMRF.

We are enclosing a "Notice of Appointment of Authorized Agent" and business reply envelope if you need to make any changes. You may also fax the form to Legal Administrative Assistant Sandra Joplin at 630-368-5397. If you have any questions, please call an IMRF Member Services Representative at 1-800-ASK-IMRF (1-800-275-4673).

enc. Notice of Appointment of Authorized Agent
Business reply envelope



NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 08/2011)

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.
- The new Authorized Agent will need to register for a new User ID on IMRF Employer Access.

Employer Name <i>Mid Valley Special Education Coop.</i>	Employer IMRF I.D. Number <i>06910</i>			
Authorized Agent's First Name <i>Susan</i>	Middle Initial <i>J</i>	Last <i>Caddy</i>	Jr., Sr., II, etc.	Social Security Number <i>358 62 8245</i>

Type of governing body <i>Mid Valley Special Education Coop. Executive Advisory Board</i>	Date appointment made <i>5-4-11</i>	Effective date of appointment <i>5-4-11</i>	Position Title <i>Director of Business & H.R.</i>
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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 Yes No

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

X *Susan J Caddy*
Signature of Authorized Agent Date *9/5/12*

Certification
I, *Kent Mutchler* (Name), do hereby certify that I am *Secretary* (Clerk or Secretary) of the *Mid Valley Special Education Cooperative Exec. Advisory Board* (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. *Susan J Caddy*

Business Address
1304 Konzheimer Ave

City State and Zip + 4
St. Charles IL 60174

Telephone (w/area code and extension) <i>331-228-5973</i>	Alternate telephone number (w/area code and extension) <i>630-940-6226</i>
FAX (w/area code) <i>331-228-4874</i>	Email address <i>Susan.Caddy@D303.org</i>

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