



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>Bloomington SD 13</u>		EMPLOYER IMRF I.D. NUMBER <u>02477</u>	
AUTHORIZED AGENT'S SALUTATION ☐ Dr. ☐ Mr. ☐ Mrs. ☒ Ms.	LAST NAME <u>Varhalla</u>	FIRST NAME <u>Valene</u>	MIDDLE INITIAL JR., SR., II, ETC. <u>M</u>
TYPE OF GOVERNING BODY <u>School District - Board of Education</u>			
DATE APPOINTMENT MADE (MM/DD/YYYY) <u>07/01/2022</u>	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) <u>07/01/2022</u>	POSITION TITLE <u>Director of Finance</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 ☐ Yes ☒ No To cast a Ballot for Election of an Executive Trustee of IMRF ☐ Yes ☒ No <u>X</u> <u>Nadi Numan</u> SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE <u>11/17/2022</u> DATE (MM/DD/YYYY)			
CERTIFICATION I, _____, do hereby certify that I am _____ NAME CLERK OR SECRETARY of the _____ 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) <u>Ms.</u> ☐ Mr. ☐ Ms. BUSINESS ADDRESS CITY STATE AND ZIP + 4 DAYTIME TELEPHONE NO. (with Area Code) ALTERNATE TELEPHONE NUMBER (with Area Code) FAX NO. (with Area Code) EMAIL ADDRESS			

IMRF

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Employer Only Phone: 1-800-728-7971 Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) Fax (630) 706-4289