RESOLUTION 24-14

A RESOLUTION APPOINTING IMRF AUTHORIZED AGENT

BE IT RESOLVED by the President and Board of Trustees of the Village of Manteno, Kankakee County, Illinois, as follows:

Section 1

Sheila Martin is hereby appointed as the authorized Illinois Municipal Retirement Fund Agent for the Village of Manteno.

Section 2

The Village Clerk is hereby authorized to complete the Notice of Appointment of Authorized Agen, IMRF Form 2.20, and submit said form to IMRF.

Section 3

All resolutions or parts thereof in conflict with this Resolution are hereby repealed.

Section 4

This Resolution shall be in full force and effect upon its adoption.

Adopted January 6, 2025

Timothy O. Nugent, President

Robin Batka, Village Clerk



NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 10/2014)

EXHIBIT 2A

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	EMPLOYER IMRF I,D, NUMBER
Village of Manteno	04018
	FIRST NAME MIDDLE INITIAL JR., SR., II, ETC.
ODr. OMr. OMrs. OMs. Martin	Shelia A
TYPE OF GOVERNING BODY	
Muncipality DATE APPOINTMENT MADE (MM/DD/YYYY) EFFECTIVE DATE OF APPOINT	
1/6/2025 1/6/2025	Treasurer
Powers and duties delegated to Authorized Agent pursuant to Scremoved the requirement that the Authorized Agent be a partici	ec. 7-135 of Illinois Pension Code by governing body (P.A. 97-0328
To file Petition for Nominations of an Executive	e Trustee of IMRF 💢 Yes 🗆 No
To cast a Ballot for Election of an Executive To	rustee of IMRF
v. A &M -	1/2/
* Seelel Willie	1/7/2025
SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE	DATE (MM//DD/YYYY)
CERTIFICATION	
of the Village of Manteno NAME OF EMPLOYER Village Clerk OCERK OR SECRETARY	
SCERK OR SECRETARY	
of the NAME OF EMPLO	DYER
and the keeper of its books and records and the foregoing appo	ointment and delegation were made by resolution duly adopted on the
date indicated.	Vahi. Halla
SEAL.	Jalon Para
	SIGNATURE OF CLERK OR SECRETARY
BUSINESS ADDRESS	and the second of fellows
All correspondence and communications with the Authorized Ag	gent are to be addressed as follows:
NAME (IF DIFFERENT FROM ABOVE)	
□ Dr. □ Mrs. □ Mrs. □ Ms.	
98 East Third St.	
Mauteno, IL 60	950
DAYTIME TELEPHONE NO. (with Area Code)	ALTERNATE TELEPHONE NUMBER (with Area Code)
815-929-4846	815-929-4800
FAX NO. (with Area Code)	FMAIL ADDRESS
NIA	samartin@villageofmanteno.com
Illinois Munici	nal Retirement Fund