NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 3/93)

Resolution No. 23-93

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.

Employer Name VILLAGE OF CHATHAM		Employer IMRF I.D. Number 00002
Authorized Agent's First Name	Middle Initlal Last	Jr., Sr., II, etc. Social Security Number
Mr/Mrs. Dr./Ms. DANIEL	L. BEDELL	<u>318 42 07 72</u>
Type of governing body MUNICIPALITY		
Date appointment made 6-11-93	Effective date of appointm 6-11-93	ent Position Title TREASURER
Agent must be a participant in IN To file Petition for Nom To cast a Ballot for Elec Danue	IRF to file a petition or cast a ballot): nations of an Executive Trustee of IM tion of an Executive Trustee of IMRI L Bull	MRF I Yes I No F I Yes I No <u>8-9-93</u>
Signature of Authorized Agent		Date
Certification		ereby certify that I amCLERK
(Nam of the VILLAGE OF CHA		(Clerk or Secretary)
	(Name of Er	nployer)
and the keeper of its books and i date indicated. SEAL		Int and delegation were made by resolution duly adopted on the
	ondence and communications with t	he Authorized Agent are to be addressed as follows:
Name (<i>if different from above</i>) Mr./Mrs. Dr./Ms.		Position Title
Business Address 116 EAST MULBERRY		Telephone (include area code) + Ext.

City State and Zip + 4 CHATHAM, ILLINOIS 62629

Illinois Municipal Retirement Fund

FAX (include area code)

(217) 483-3574

Suite 500, 2211 York Road, Oak Brook Illinois 60521-2374 708/368-1010

Service Representatives 800/ASK-IMRF

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Authorized Agent's First Name Middle Initial Last Jr., Sr., II, 6	etc. Social Security Number			
Dr./Ms. DANIEL L. BEDELL	<u>318 42 07 72</u>			
Type of governing body MUNICIPALITY				
Date appointment made 6-11-93 Effective date of appointment 6-11-93	Position Title TREASURER			
Powers and duties delegated to Authorized Agent pursuant to Sec. 7-135 of illinois Pension Code by governing body (the Authorized Agent must be a participant In IMRF to file a petition or cast a ballot): To file Petition for Nominations of an Executive Trustee of IMRF D Yes D No				
To cast a Ballot for Election of an Executive Trustee of IMRF 🛛 Yes 🖾 No				
Daniel L Bedel	8-9-93			
Signature of Authorized Agent	Date			
Certification				
I,PENNY_MOOMEY, do hereby certify t (Name)	(Clerk or Secretary)			
	(,,,			
of theVILLAGE_OF_CHATHAM				
(Name of Employer)				
and the keeper of its books and records and the foregoing appointment and delega date indicated. SEAL	tion were made by resolution duly adopted on the			
Signature of C	Signature of Clerk or Secretary			
Business address All correspondence and communications with the Authorized	Agent are to be addressed as follows: Position Title			
Name (<i>if different from above</i>) Mr./Mrs.	Position I Itie			
Dr./Ms.				
Business Address	Telephone (Include area code) + Ext.			
116 EAST MULBERRY	(217) 483-2451			
City State and Zip + 4 CHATHAM, ILLINOIS 62629	FAX (include area code) (217) 483-3574			
│ <u>, </u>				