

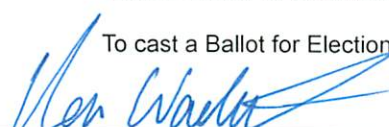
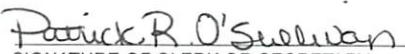


NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

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 Village of Orland Park		EMPLOYER IMRF I.D. NUMBER	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME Wachtel,	FIRST NAME Kevin	MIDDLE INITIAL JR., SR., II, ETC.
TYPE OF GOVERNING BODY Village			
DATE APPOINTMENT MADE (MM/DD/YYYY) 12/20/2021	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) 12/20/2021	POSITION TITLE Finance Director	
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 		12/21/2021	
SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE		DATE (MM/DD/YYYY)	
CERTIFICATION			
I, <u>Patrick R. O'Sullivan</u>		do hereby certify that I am <u>Village Clerk</u>	
NAME		CLERK OR SECRETARY	
of the <u>Village of Orland Park</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	
By: <u>Alexandra Smith, Deputy Clerk</u>			
BUSINESS ADDRESS			
All correspondence and communications with the Authorized Agent are to be addressed as follows:			
NAME (IF DIFFERENT FROM ABOVE)			
<input checked="" type="checkbox"/> Ms. <input type="checkbox"/> rs. <input type="checkbox"/> Ms.			
BUSINESS ADDRESS			
14700 S. Ravinia Avenue			
CITY STATE AND ZIP + 4			
Orland Park, IL 60462			
DAYTIME TELEPHONE NO. (with Area Code)		ALTERNATE TELEPHONE NUMBER (with Area Code)	
708-403-6199			
FAX NO. (with Area Code)		EMAIL ADDRESS	
		kwachtel@orlandpark.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

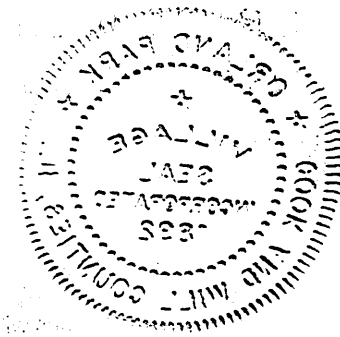
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