



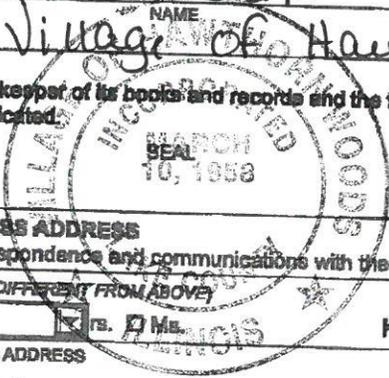
# NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

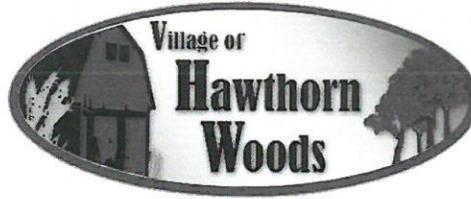
IMRF Form 2.20 (Rev. 10/2014)

**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 <b>Village of Hawthorn Woods</b>		EMPLOYER IMRF I.D. NUMBER <b>06548</b>	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME <b>York</b>	FIRST NAME <b>Katrina</b>	MIDDLE INITIAL JR., SR., II, ETC. <b>S</b>
TYPE OF GOVERNING BODY <b>Local Municipality</b>			
DATE APPOINTMENT MADE (MM/DD/YYYY) <b>07/27/2020</b>	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) <b>07/27/2020</b>	POSITION TITLE <b>Chief Financial Officer</b>	
Powers and duties delegated to Authorized Agent pursuant to Sec. 7-135 of Illinois Pension Code by governing body (P.A. 87-0328 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			
SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE 		DATE (MM/DD/YYYY) <b>01/06/2020</b>	
<b>CERTIFICATION</b> I, <u>Donna Lobaito</u> , do hereby certify that I am <u>Clerk</u> of the <u>Village of Hawthorn Woods</u> and the keeper of its books and records and the foregoing appointment and delegation were made by resolution duly adopted on the date indicated.			
SIGNATURE OF CLERK OR SECRETARY 		DATE (MM/DD/YYYY)	
<b>BUSINESS ADDRESS</b> All correspondence and communications with the Authorized Agent are to be addressed as follows:			
NAME (IF DIFFERENT FROM ABOVE) <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Ms. <b>Katrina S. York</b>			
BUSINESS ADDRESS <b>2 Lagoon Drive</b>			
CITY STATE AND ZIP + 4 <b>Hawthorn Woods, IL 60047</b>			
DAYTIME TELEPHONE NO. (with Area Code) <b>(847) 847-3580</b>		ALTERNATE TELEPHONE NUMBER (with Area Code) <b>(312) 497-9227</b>	
FAX NO. (with Area Code) <b>(847) 847-3591</b>		EMAIL ADDRESS <b>kyork@vhw.org</b>	





2 LAGOON DRIVE - HAWTHORN WOODS, ILLINOIS 60047 - (847) 438-5500

February 5, 2021

Illinois Municipal Retirement Fund  
2211 York Road, Suite 500  
Oak Brook, IL 60523-2337

Dear Ladies or Gentlemen:

Enclosed please find a copy of Resolution No. 01-25-21-3 Notice of Appointment of Authorized Agent for the Village of Hawthorn Woods. If you need any further information, I can be reached at (847) 540-5222 or [dlobaito@vhw.org](mailto:dlobaito@vhw.org).

Very truly yours,

A handwritten signature in cursive script that reads "Donna Lobaito".

Donna Lobaito  
Chief Administrative Officer/Village Clerk

C: Katreina York, Chief Financial Officer

Enclosure