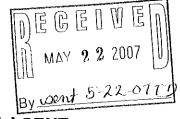
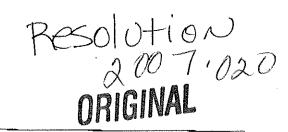


AUTHORIZING AGENT FORM





REV. 7/26/1999

RESOLUTION AUTHORIZING AN AGENT TO ACCEPT PENSION LIABILITY ON BEHALF OF CLAWBE LONG THE REPORT OF COMPANY OF THE PENSION LIABILITY OF THE PENSION LIABILITY ON BEHALF OF CLAWBE LAWRENCE OF THE PENSION LIABILITY LIABILITY LIABILITY OF THE PENSION LIABILITY LIABI

PUBLIC EMPLOYEES' RETIREMENT FUND 143 West Market Street Indianapolis, IN 46204-2609 (317) 233-4162

1095					
Account Number					
RESOLVED, that Beverly Evans, HR Director or Judy Rust, Del. Co. Auditor					
(Names) Delaware County Government be, and hereby is, fully authorized and empowered to act on behalf of (Political Subdivision)					
and in the name of <u>D@laware County Government</u> as its agent to accept pension liability, pursuant to  (Political Subdivision)					
IC 5-10.2-3-1 and further to execute and deliver documents related to the Public Employees' Retirement Fund (PERF) of Indiana. This resolution will remain in full force and effect until modified or rescinded by subsequent resolution and receipt					
thereof in writing by the Director of PERF.					
Adopted this 22 day of May , 2007					
Signatures of Governing Body (Board Members)					
Title of Governing Body: Delaware County Council					
Brakley T. Bookort					
atter In suapriher					
Many Chambers Joe Russell					
Mel Bother Il Bourne					
NOTE					
he Agent authorized must be named and not designated by job title, unless such position is an elected position, such as Clerk- reasurer.					
This Resolution supersedes any other Resolution you have on file. Therefore, please include <u>all</u> agents past and current who vill be authorized to accept pension liability.					
ve require the original signatures of your Governing Body. Copies are not acceptable.					



143 West Market St Indianapolis, IN 46204 www.perf.in.gov

## **Fax**

To:	Tonya	From:	Lekeda Keith, Call Center	
Fax:	765-741-3422	Pages:	3 including fax pages	
Phone:	888-526-1687	Date:	5/16/2007	
Rei		<b>66</b> :		
□ Urgei	nt 🔲 For Review	□ Flease Comment	☐ Please Reply	☐ Please Recycle
• Comn	nents:		<u> </u>	

Judy this is the Sorm that well creed to be completed for the New HR Person. Thanks

Thanks Sanja

also By Reviewing last one it looks like HR+ auditors name inceds to be listed. I ran a copy so you could see how it was completed.



## **Authorized Agent Resolution Instructions**

- 1. Employer Name- Enter the complete name of the employer (Do not use initials).
- 2. Account Number- Enter the account number of the employer. (For Municipalities, this would be the 3 or 4 digit number assigned to you by the PERF office. If you are a State University, this would be an 8000 number).
- 3. Names-Name of the individual(s) designated to accept pension liability.
- 4. Title- Enter the title of the individual(s) designated to accept pension liability.
- 5-6. Political Subdivision- Enter the complete name of Political Subdivision (employer (entity) name).
- 7. Date of Adoption- Enter day, month and year Resolution was adopted by the Governing Body.
- 8. Title of Governing Body- Title of the Town, City or County Council, Library, Township, or School board or any fiscal body that governs the affairs of the political subdivision.
- 9. Signatures of the Governing Body

We require original signatures of your Governing Body. Copies and faxes are not acceptable.

Two-thirds of the Governing Body's signatures are required.

The Agent authorized must be named and not designated by Job title, unless such position is an elected position, such as Clerk-Treasurer. However, for our records please also include the name of the elected official. Once a Resolution for the elected position has been filed with the PERF office, it is not necessary to complete a new one when a change in the elected official occurs. Notification in writing from the newly elected official is all that is required to update PERF's records.

This Resolution supersedes any other Resolution you have on file. Therefore, please include <u>all</u> agents past and current who will be authorized to accept pension liability.

Resolution 2005-002

## 

PUBLIC EMPLOYEES' RETIREMENT FUND 143 West Market Street Indianapolis, IN 43204-2809 (317) 233-4162

(EMPLOYER)

1095
Account Number
RESOLVED, that Julie A. Hillerove, HR Director or Jane Lasater, Delaware County Auditorof
(Names)
ton the house of the history
and in the name of Delaware County Government as its agent to accept pension Hability, pursuant to
Am. 1945 B. Maria Maria Maria
(Political Subdivision)  IC 5-10.2-3-1 and further to execute and deliver documents related to the Public Employees' Retirement Fund (PERF) of
Indiana. This resolution will remain in full force and effect until modified or rescinded by subsequent resolution and receipt
thereof in writing by the Director of PERF.
4th January 2005
Adopted this day of 2005
Signatures of Coverning Body (Board Members)
Delaware County Corncil
Title of Governing Body:
The radeule
-n004
Mel Bother Dudler T. Scotter
an m
Loseph M. Kussell III any Manufeers
// 11/ Aa
Wabley Wallens
NOTE
The Agent authorized must be named and not designated by job title, unless such position is an elected position, such as Clerk- Treasurer.
This Resolution; supersedes any other Resolution you have on file. Therefore, please include <u>all agents past and current who will</u> be authorized to accept pension liability.
We require the original signatures of your Governing Body. Copies are not acceptable.