

RESOLUTION 12-9-85A

A RESOLUTION AUTHORIZING AN AGENT TO ACCEPT PENSION LIABILITY ON BEHALF OF THE TOWN OF ST. JOHN

RESOLVED, that Betty L. Siedelmann, Clerk-Treasurer, of the Town of St. John be, and hereby is, fully authorized and empowered to act on behalf of and in the name of the Town of St. John, as its agent to accept pension liability, pursuant to IC 5-10.2-3-1 and further to execute and deliver documents related to the Public Employees' Retirement Fund 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This resolution will remain in full force and effect until modified or rescinded by subsequent resolution and receipt thereof in writing by the Executive Secretary of PERF.

Adopted this 9<sup>th</sup> day of December, 1985.

BOARD OF TRUSTEES  
TOWN OF ST. JOHN, LAKE COUNTY  
ST. JOHN, INDIANA

David M. Bielski  
David M. Bielski, President

John W. Herr, III  
John W. Herr, III

Jerry A. Math  
Jerry Matlon

ATTEST:

Betty L. Siedelmann  
Betty L. Siedelmann  
Clerk-Treasurer



**A RESOLUTION AUTHORIZING AN AGENT TO ACCEPT PENSION LIABILITY ON BEHALF OF**

TOWN OF ST. JOHN  
(EMPLOYER)

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

1233  
Account Number

RESOLVED, that SHERRY P. SURY, CLERK-TREASURER, of  
(Names) (Title)  
TOWN OF ST. JOHN be, and hereby is, fully authorized and empowered to act on behalf of  
(Political Subdivision)

and in the name of TOWN OF ST. JOHN 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 This resolution will remain in full force and effect until modified or rescinded by subsequent resolution and receipt  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 22ND day of MAY, 2003.

**Signatures of Governing Body (Board Members)**

Title of Governing Body: TOWN COUNCIL

Kristen L Aldridge Jean J Ray  
Brian J Vuk  
Michael S Forbes  
Tom M. Wright

**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 all agents past and current who will be authorized to accept pension liability.

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

**PUBLIC EMPLOYEES' RETIREMENT FUND**  
**INDIANA**

Burns

306-90-4086

HARRISON BUILDING  
143 WEST MARKET STREET  
INDIANAPOLIS, INDIANA 46204

LOCAL 317.233.4162  
TOLL FREE 1.888.526.1687  
TDD 317.233.4160  
www.perf.in.gov

**REJECTION/REQUEST FOR INFORMATION NOTICE**  
**(MEMBERSHIP RECORD)**

**DO NOT DETACH THIS FORM - IT MUST BE RETURNED**  
**TO OUR OFFICE WITH YOUR FORM**

12 3 7 ACCT#

PLEASE RETURN CORRECTED RECORD BY MAIL (DO NOT FAX)

\_\_\_\_\_ SOCIAL SECURITY NUMBER (ITEM 1)

\_\_\_\_\_ EMPLOYEE ADDRESS (ITEM 3)

\_\_\_\_\_ DATE OF BIRTH (ITEM 4)

\_\_\_\_\_ DATE OF EMPLOYMENT (ITEM 6)

\_\_\_\_\_ DATE CONTRIBUTIONS WILL START (ITEM 7)

\_\_\_\_\_ DATE OF EMPLOYMENT ON THE FRONT PAGE ITEM 6 DOES NOT AGREE  
WITH THE DATE OF EMPLOYMENT ON PAGE 2. PLEASE INDICATE THE  
CORRECT FULL TIME DATE ON MEMBERSHIP RECORD.

\_\_\_\_\_ POSITION TITLE OF FULL TIME EMPLOYMENT (P. 2)

\_\_\_\_\_ DATES OF EMPLOYMENT (P. 2)

\_\_\_\_\_ LIST CURRENT POSITION TITLE AND DATE (P. 2)

AUTHORIZED EMPLOYER SIGNATURE (P. 2) *we show Luoth Compton as agent.*  
*If there are others, please complete enclosed form. Thank you*  
CORRECT AUTHORIZED EMPLOYER SIGNATURE (P. 2)  
SEE ATTACHED RESOLUTION FOR ANY CHANGES.

\_\_\_\_\_ NEED AUTHORIZED INITIALS WITH STAMPED SIGNATURE (P. 2)

\_\_\_\_\_ DESIGNATION OF BENEFICIARY (P. 3)

\_\_\_\_\_ EMPLOYEE SIGNATURE

\_\_\_\_\_ COPIES OF MEMBERSHIP RECORDS ARE NOT ACCEPTABLE. PLEASE SEND  
ORIGINALS ONLY. RECORDS MUST BE RECEIVED IN BOOKLET FORM.

Membership Record  
Processing Dept.

*L.J.*  
*5/15/03*