

# ILLINOIS PUBLIC PENSION FUND ASSOCIATION<sup>SM</sup>

## **An Association of Public Pension Funds**

42587 Millennium Drive, Unit C Elgin, IL 60124  
(630) 784-0406 • Fax (630) 784-0416 • [www.ippfa.org](http://www.ippfa.org)

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RICK RAASCH

SHAWN CURRY

JAMES MALONEY

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Dear: Non Member:

Thank you for your interest in the Illinois Public Pension Fund Association, dba IPPFA. The **IPPFA** (Illinois Public Pension Fund Association) was founded in 1985 as a not-for-profit umbrella association representing police and fire defined benefit retirement funds in the State of Illinois. Founded by a small group of elected fund trustees who were bewildered by their new responsibilities, but who were intrigued by the possibilities they saw around them, the original goals of the Association were educating pension fund trustees, providing legal advice and representation for pension funds and proposing and supporting legislation beneficial to Illinois Pension Funds. Today those goals remain unchanged. In 2001, the **IPPFA** Board of Directors introduced proprietary 457 and VEBA plans to further insure the retirement security of public safety personnel.

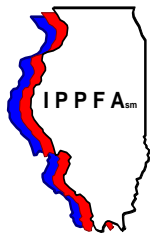
There are currently over 655 police and fire pension funds in Illinois. The Board of Trustees of each fund makes the investment decisions, manages the fund, and authorizes disability and retirement pensions in accordance with Illinois Statutes. In the aggregate, these funds manage over ten billion dollars.

The **IPPFA** services member needs by holding educational seminars and an Annual Training Conference, by producing trustee and investment handbooks, by making referrals for professional services as required (e.g. physicians, attorneys, accountants, actuaries, money managers, financial advisors), by sponsoring legislation, by creating networking opportunities, and by sponsoring prepaid medical retirement plans and an optional defined contribution plan (the **IPPFA** VEBA plans, the **IPPFA** 457 plan and the new **IPPFA** Dental plan). The Association publishes a monthly e-newsletter, maintains an active website ([www.ippfa.org](http://www.ippfa.org)), and in conjunction with Northern Illinois University has offered the **Certified Pension Trustee School** since 1999. IPPFA maintains active memberships and reciprocal agreements with state and national organizations that have similar goals and objectives (visit [www.ippfa.org](http://www.ippfa.org) for additional links).

Enclosed is additional information about the IPPFA and our member services, an application for membership in the IPPFA, and a form to have you added to our mailing list. Feel free to contact our office if you have questions or if you would like to have a representative attend the next board meeting of your police or fire pension fund.

Sincerely,

James M. McNamee



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## APPLICATION FOR MEMBERSHIP & MEMBERSHIP RENEWAL

WE, THE BELOW NAMED PUBLIC PENSION FUND TRUSTEES, DO HEREBY APPLY FOR MEMBERSHIP IN THE ILLINOIS PUBLIC PENSION FUND ASSOCIATION, AND OBTAIN ALL SUCH BENEFITS OF THIS MEMBERSHIP. ANNUAL MEMBERSHIP IN THE IPPFA RUNS FROM JANUARY 1 THROUGH DECEMBER 31.

Membership Fee: **\$795.00**

Please make checks payable to: IPPFA

ENCLOSED IS A TRUSTEE INFORMATION FORM WHICH IS NEEDED FOR OUR MAILINGS. PLEASE FILL OUT ALL FORMS AND RETURN THEM TO THE OFFICE WITH YOUR MEMBERSHIP FEE.

PLEASE LIST THE TOTAL NUMBER OF ALL PARTICIPANTS IN YOUR PENSION FUND. \_\_\_\_\_

**NEW MEMBER** \_\_\_\_\_

**RENEWAL** \_\_\_\_\_

**Department**

**Pension Fund  
Address**

County

**Pension Fund  
City**

Zip Code

**Pension Fund  
Telephone**

Fax

**Contact  
E-mail address**

\_\_\_\_\_  
*SIGNATURE OF PENSION FUND PRESIDENT*

\_\_\_\_\_  
*TITLE*

\_\_\_\_\_  
*Print your name above*

\_\_\_\_\_  
*Date of Application*

I P P F A

## TRUSTEE INFORMATION FORM

2587 Millennium Dr., Unit C, Elgin IL 60124 630-784-0406 • fax 630-784-0416

(Please print or type all information)

Board Name \_\_\_\_\_ Pension Fund # of participants: active \_\_\_\_\_ receiving benefits \_\_\_\_\_

Pension Board Address \_\_\_\_\_ Funding Level: \_\_\_\_\_ %

Street

City

zip

Department Address \_\_\_\_\_

Street

City

zip

Phone \_\_\_\_\_ / \_\_\_\_\_ Fax \_\_\_\_\_ / \_\_\_\_\_ Email \_\_\_\_\_

PLEASE PRINT AND LIST YOUR PREFERRED MAILING ADDRESS. Please check ALL INFORMATION for accuracy.

*Please include each trustee's e-mail address so vital information can be quickly sent to you when necessary*

Trustee President	<b>Circle all that apply:</b> <input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Name: _____		
		Address: _____		work or home information?
		City: _____ Zip _____		Work #: (     )
		Email: _____		Home #: (     )
Trustee Secretary	<b>Circle all that apply:</b> <input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Name: _____		
		Address: _____		work or home information?
		City: _____ Zip _____		Work #: (     )
		Email: _____		Home #: (     )
Trustee Vice President (Police only)	<b>Circle all that apply:</b> <input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Name: _____		
		Address: _____		work or home information?
		City: _____ Zip _____		Work #: (     )
		Email: _____		Home #: (     )
Trustee Assistant Secretary (Police only)	<b>Circle all that apply:</b> <input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Name: _____		
		Address: _____		work or home information?
		City: _____ Zip _____		Work #: (     )
		Email: _____		Home #: (     )
Trustee	<b>Circle all that apply:</b> <input type="checkbox"/> Elected <input type="checkbox"/> Appointed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Beneficiary	<input type="checkbox"/> Name: _____		
		Address: _____		work or home information?
		City: _____ Zip _____		Work #: (     )
		Email: _____		Home #: (     )
Treasurer	Village/City Address Only <input type="checkbox"/>	<input type="checkbox"/> Name: _____		
		Address: _____		
		City: _____ Zip _____		Work #: (     )
		Email: _____		
BOARD ATTORNEY		Name: _____	Phone: _____	(     )
ACTUARY		Name: _____	Phone: _____	(     )
CONSULTANT		Name: _____	Phone: _____	(     )
MANAGER		Name: _____	Phone: _____	(     )