



IPPPFA

PREPARE PROTECT EDUCATE INFORM

ILLINOIS PUBLIC PENSION FUND ASSOCIATIONSM

An Association of Public Pension Funds

2587 Millennium Drive, Unit C Elgin IL 60124
(630) 784-0406 • Fax (630) 784-0416 • www.ippfa.org

Dear Non-Member,

PRESIDENT
JAMES M. McNAMEE

HONORARY VICE PRESIDENT
DAVID W. NAGEL

1ST VICE PRESIDENT
MARK B. POULOS

2ND VICE PRESIDENT
DANIEL HOPKINS

VICE PRESIDENT
DANIEL COLLINS

VICE PRESIDENT
SHAWN CURRY

SECRETARY
BOB PODGORNÝ

TREASURER
WILLIAM B. GALGAN

DIRECTORS

JAMES MALONEY

MIKE HERBERT

MARY BURRESS

THOMAS O'HALLORAN

BRANDON BLOUGH

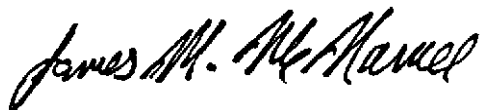
Since 1985 the IPPFA has been the leader in public pension trustee training hosting regional seminars held throughout the state; the IPPFA Illinois Pension Conference held each spring and our national MidAmerican Pension Conference each fall. Our MidAmerican conference draws over 1,100 attendees each year from around the country. The IPPFA was also the first to offer a 32-hour trustee certification program starting in 1999. In fact, when the state made 32-hour trustee certification mandatory in 2009, the legislature used the IPPFA Certified Trustee Program as its model to draft the statute. Speakers and instructors are professionals in their respective fields, working with public pension funds on a daily basis. All this training is offered to IPPFA members at a savings of 50% over non-members.

But IPPFA membership offers more than quality training:

- The IPPFA provides experienced Lobbyists in Springfield to protect the Defined Benefit system and to make sure promises made are promises kept. Over the years the legislature has proposed many bills that could have been a detriment to the Downstate funds had they become law and the IPPFA able to prevent these bills from progressing. And the fight is far from over.
- The IPPFA was instrumental in forming The IRS Qualified Plan Coalition- By forming this coalition each and every Downstate Police & Fire pension fund saved \$20,000.00 in IRS fees.
- The IPPFA can offer its members a list of investment and legal professionals that have already been vetted.
- The availability of FREE on-line training for members.
- The availability of the IPPFA 457 plan, usually with lower fees than other 457 vendors.
- Availability of the IPPFA VEBA health insurance plan.
- Referrals to medical professionals for disability hearings or IME's.

If you would like an IPPFA representative to attend a board meeting and talk to your trustees personally on the benefits of becoming an IPPFA member board, please call our office. If you would like to become a member of the IPPFA, please complete the enclosed forms and mail to the address listed above along with payment.

Sincerely,



James McNamee
President, IPPFA



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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



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	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	<input type="checkbox"/> Name: _____
		Address: _____ work or home information?
		City: _____ Zip _____ Work #: ()
		Email: _____ Home #: ()

Trustee Secretary	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	<input type="checkbox"/> Name: _____
		Address: _____ work or home information?
		City: _____ Zip _____ Work #: ()
		Email: _____ Home #: ()

Trustee Vice President (Police only)	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	<input type="checkbox"/> Name: _____
		Address: _____ work or home information?
		City: _____ Zip _____ Work #: ()
		Email: _____ Home #: ()

Trustee Assistant Secretary (Police only)	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	<input type="checkbox"/> Name: _____
		Address: _____ work or home information?
		City: _____ Zip _____ Work #: ()
		Email: _____ Home #: ()

Trustee	Circle all that apply: Elected Appointed Retired Disabled Beneficiary	<input type="checkbox"/> Name: _____
		Address: _____ work or home information?
		City: _____ Zip _____ Work #: ()
		Email: _____ Home #: ()

Treasurer	Village/City Address Only	<input type="checkbox"/> Name: _____
		Address: _____
		City: _____ Zip _____ Work #: ()
		Email: _____

BOARD ATTORNEY	Name: _____	Phone: ()
ACTUARY	Name: _____	Phone: ()
CONSULTANT	Name: _____	Phone: ()
MANAGER	Name: _____	Phone: ()