



Illinois Department of Insurance

JB PRITZKER
Governor

DANA POPISH SEVERINGHAUS
Acting Director

Illinois Finance Entity

Certification Form

I, _____, serving in the capacity of _____, on this _____ day of _____, 20____, being duly sworn and having knowledge of all matters set forth herein, state, affirm and certify as follows:

1. I represent _____, an Illinois finance entity, and I am duly authorized to provide this certificate on its behalf.
2. I am aware of the requirements of 40 ILCS 5/1-110.10 of the Illinois Pension Code, as well as, the requirements of the High Risk Home Loan Act, and any rules adopted pursuant thereto.
3. I am aware that no pension fund assets may be handled by the financial entity if it is not in compliance with the provisions of the High Risk Home Loan Act, including the filing of a completed certification with the Public Pension Division of the Illinois Department of Insurance at 320 W. Washington, Springfield, IL 62767-0001.
4. Currently, _____ handles, holds or manages assets belonging to _____ Pension Fund.
5. I certify that _____ is in compliance with all the requirements of the High Risk Loan Act and the rules adopted pursuant to the Act.

(Name of Financial Entity)

(Signature)

(Name of Officer)

(Title)

State of Illinois)
County of _____)

Subscribed and sworn before me by _____ on this _____ day of _____, _____.

(Seal)

Notary
My Commission Expires: _____

Pension Division Advisory Services