

RESOLUTION FOR INCLUSION UNDER THE STATE OF OREGON DEFERRED COMPENSATION PLAN



LOCAL GOVERNMENT PROGRAM

The _____ (Governing Body) of _____
_____ (Employer), pursuant to the provisions of Oregon Revised

Statutes (ORS) 243.474, which provides in part that:

“A local government that establishes a deferred compensation plan may invest all or part of the plan’s assets through the deferred compensation investment program established by the Oregon Investment Council (OIC) under ORS 243.421,”

Hereby determines to be included in the State of Oregon Deferred Compensation Investment Program, also known as the Oregon Savings Growth Plan, established by the OIC under ORS 243.421 and administered by the Public Employees Retirement Board according to ORS 243.435 for its eligible personnel.

Be it further resolved that the proper officers are herewith authorized and directed to take all actions and make such reductions and submit such deferrals as are required by the Public Employees Retirement Board of the State of Oregon pursuant to ORS 243.478 (1), and

Be it further resolved that Employer agrees to be bound by the terms and conditions of the contracts between the State, its investment providers and record keeping company, and the “Plan Document” as identified in ORS 243.401 to 243.507 and TPA services as amended from time to time. Specifically, without limitation, Employer agrees to appoint its governing body as Trustee of its Plan, as required by Section 457(g) of the Internal Revenue Code (IRC), 26 USC 457(g)(2). The Employer certifies it is an “eligible employer” under IRC Section 457(e)(1) and has received a copy of the Plan Document and TPA Services.

Be it further resolved that Employer shall submit a certified copy of this resolution and “Notification Memo” to the State of Oregon, Public Employees Retirement System (PERS) as the Plan Administrator.

Be it further resolved that the Governing Body and Employer, recognize the PERS Board’s responsibility for maintaining the integrity of the Plan and hereby agree to cooperate fully with the Plan Administrator in accordance with procedures established by PERS, including without limitation in processing requests for withdrawal in case of an unforeseeable emergency as defined in IRC Sec. 457(b)(5) and Treasury Regulations 1.457-2(h)(4) and (5).

DESIGNATION OF AGENT

The person in the following position is hereby designated as the agent in matters pertaining to the State of Oregon Deferred Compensation Investment Program.

Title _____

Agent _____

Address _____

Phone Number _____

E-mail address _____

Office Hours _____

Payroll Agent _____

Payroll E-mail address _____

Phone Number _____

Fax Number _____

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CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the _____ (Governing Body) of _____ (Employer Name) of _____ (County) on the _____ day of _____ and that this resolution has not been repealed or amended, and is now in full force and effect.

Dated this _____ day of _____, _____.

X _____
Governing Body Authorized Signature Title

Mailing Address

NOTIFICATION MEMO

Employer Name	Daytime Phone
Address	County
City, State, Zip	Federal Identification Number
Number of Employees	PERS Employer Number
Employer Representative (Name)	

PAYROLL DATA

1. Deferral will be submitted by wire. Back-up documentation containing the participants' demographic information and deferral amounts must be included.
2. Normal payday (i.e., every Thursday, every other Friday, etc): _____
 - a) Attach payday schedule for a calendar year
 - b) Number of employees on this pay mode: _____
3. Participants are able to indicate upon enrollment whether deferral amount shall be indicated in dollar amount or as percentage of salary per pay period. Please indicate your preference:
____ We will accept deferral indicated in dollars **or** percentage of salary.
____ We will accept deferral indicated in dollars **only**.
4. The initial and amended payroll reduction authorization, forms and Letters of Transmittal should be sent to:

Name	Title
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5. Payroll Reduction Listing that will be sent prior to each pay day should be sent to:

Name	Title
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