

**CITY OF PEORIA, ARIZONA
COUNCIL COMMUNICATIONS**

cc: 10C
Amend No. _____

Date Prepared: November 23, 2010

Council Meeting Date: January 4, 2011

TO: Carl Swenson, City Manager
THROUGH: Susan K. Thorpe, Deputy City Manager *SKT*
FROM: Wynette L. Reed, Human Resources Director *WLR*
SUBJECT: Adoption of Resolution 2011-03 with ICMA Retirement Corporation to Provide a 401(a) Governmental Purchase Plan for City of Peoria Police Supervisors

RECOMMENDATION:

Discussion and possible action for the Mayor and City Council to adopt Resolution 2011-03 with ICMA Retirement Corporation authorizing the City Manager to approve and enter into agreement with ICMA Retirement Corporation to provide a 401(a) Governmental Money Purchase Plan for the City of Peoria Police Supervisors (COPPS).

SUMMARY:

The City of Peoria would like to establish a 401(a) Governmental Money Purchase Plan with ICMA Retirement Corporation for the COPPS in accordance with the Memorandum of Understanding. The employer contributions in the 401(a) will replace the employer contributions into the current existing 457 Deferred Compensation Plan. This is a cost-neutral plan to the City.

In order to implement the ICMA Money Purchase Plan & Trust Agreement, it requires adoption by Council.

ATTACHMENTS: A. Resolution 2011-03
B. ICMA Retirement Corporation Governmental Money Purchase Plan

Contacts: Bobbie Kimelton, Human Resources Manager, 623.773.7624
Nancy Fantasia, Benefits Administrator, 623.774.7554.

CITY CLERK USE ONLY:

- Consent Agenda
- Carry Over to Date: _____
- Approved
- Unfinished Business (Date heard previous: _____)
- New Business
- Public Hearing: No Action Taken

ORD. # _____ RES. # _____
LCON# _____ LIC. # _____
Action Date: _____

RESOLUTION NO. 2011-03

A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF PEORIA, ARIZONA, AUTHORIZING THE EXECUTION OF AN ADOPTION AGREEMENT WITH INTERNATIONAL CITY MANAGEMENT ASSOCIATION RETIREMENT CORPORATION (ICMA-RC) PROVIDING FOR THE ESTABLISHMENT OF A 401(a) MONEY PURCHASE RETIREMENT PLAN FOR THE CITY OF PEORIA POLICE SUPERVISORS (COPPS) AND AUTHORIZING THE CITY MANAGER TO EXECUTE CERTAIN TRUST DOCUMENTS ON BEHALF OF THE CITY FOR THE ADMINISTRATION OF THE PLAN.

WHEREAS, the City of Peoria has employees rendering valuable services;
and

WHEREAS, the establishment of an ICMA 401(a) Governmental Money Purchase Plan for the City of Peoria Police Supervisors (COPPS) serves the interest of the City of Peoria by enabling it to provide funds for retirement.

WHEREAS, the City of Peoria has determined that the establishment of the ICMA 401(a) Governmental Money Purchase Plan serves the above objectives.

NOW, THEREFORE BE IT RESOLVED by the Mayor and Council of the City of Peoria, that the City of Peoria hereby adopts the Plan in the form of the ICMA 401(a) Government Money Purchase Plan. The employer contributions in the 401(a) will replace the employer contributions into the existing 457 Deferred Compensation Plan.

BE IT FURTHER RESOLVED, that the assets of the Plan will be held in trust, with the City of Peoria serving as trustee, for the exclusive benefit of the Plan participant and their beneficiaries, and the assets of the Plan shall not be diverted to any other purpose prior to the satisfaction of all liabilities of the Plan. The City of Peoria has executed the Declaration of Trust, intending this execution to be operative with respect to any retirement or deferred compensation plan subsequently established by the Employer, if the assets of the plan are to be invested in the Vantage Trust.

BE IT FURTHER RESOLVED, that the City Manager of the City of Peoria, Arizona is designated coordinator for the Plan and shall receive necessary reports, notices, etc. from the ICMA Retirement Corporation's 401(a) Governmental Money Purchase Plan; shall cast on behalf of the City of Peoria, any required votes under the ICMA Retirement Trust; may delegate any administrative duties relating to the Plan to appropriate departments.

BE IT FURTHER RESOLVED, The City of Peoria, Arizona hereby authorizes the City Manager to execute all necessary agreements for the ICMA 401(a) Government Money Purchase Plan incidental to the administration of the Plan.

PASSED AND ADOPTED by the Mayor and Council of the City of Peoria, Arizona on this 4th day of January 2011.

Bob Barrett, Mayor

Wanda Nelson, City Clerk

APPROVED AS TO FROM:

Stephen M. Kemp, City Attorney

401 GOVERNMENTAL MONEY PURCHASE PLAN RETURN BOOKLET



This booklet contains the following documents:

- Suggested Resolution
- Adoption Agreement
- Implementation Data Form
- EZ Link Access Form
- 401/457 Online Options Form

Governmental Money Purchase Plan & Trust Employer Plan Adoption Booklet

This is one of two booklets containing information to establish your Governmental Money Purchase Plan & Trust with the ICMA-RC. Please return the following documents to ICMA-RC:

1. Completed Resolution.
 - Use the ICMA-RC Suggested Resolution enclosed, or
 - Complete your own Resolution. If you are using your own Resolution, please have it reviewed by ICMA-RC prior to passage.
2. Adoption Agreement. Complete all sections of the Agreement and execute. If you are utilizing an Individual Designed Plan Document, please provide a current copy of the document including amendments and a Letter of Determination as provided by the IRS.
3. Implementation Data Form. Complete all sections.
4. EZ Link Access Form.
5. 401/457 Online Options Form
6. Loan Guidelines (if applicable). This form is contained in the *401/457 Loan Packet*.
7. Signed Administrative Services Agreement.

Once you are ready to begin completing this information, please contact your New Business Unit Analyst, toll-free at 1-800-326-7272 for assistance.

**ICMA RETIREMENT CORPORATION
GOVERNMENTAL MONEY PURCHASE PLAN & TRUST
ADOPTION AGREEMENT**

PLAN NUMBER 10- _____

The Employer hereby establishes a Money Purchase Plan and Trust to be known as City of Peoria
_____ (the "Plan") in the form of the ICMA Retirement Corporation Governmental Money Purchase
Plan and Trust (MPP 01/01/06).

This Plan is an amendment and restatement of an existing defined contribution money purchase plan.

Yes No

If yes, please specify the name of the defined contribution money purchase plan which this Plan hereby amends and restates:

I. Employer: City of Peoria [902]

II. The Effective Date of the Plan shall be the first day of the Plan Year during which the Employer adopts the Plan, unless an alternate Effective Date is hereby specified: February 1, 2011 (e.g., January 1, 2006 for the MPP 01/01/06 Plan)

III. Plan Year will mean:

The twelve (12) consecutive month period which coincides with the limitation year. (See Section 5.03(f) of the Plan.)

The twelve (12) consecutive month period commencing on 02-01-11 and each anniversary thereof.

IV. Normal Retirement Age shall be age * (not to exceed age 65). [288]
* at which member achieves normal retirement under PSPRS.

V. ELIGIBILITY REQUIREMENTS:

1. The following group or groups of Employees are eligible to participate in the Plan:

- _____ All Employees
- _____ All Full Time Employees
- _____ Salaried Employees
- _____ Non union Employees
- _____ Management Employees
- _____ Public Safety Employees
- _____ General Employees
- Other Employees (specify describe the group(s) of eligible employees below)
City of Peoria Police Supervisors (COPPS)

The group specified must correspond to a group of the same designation that is defined in the statutes, ordinances, rules, regulations, personnel manuals or other material in effect in the state or locality of the Employer. Also, the eligibility requirements for participation in the Plan cannot be such that Employees become Participants only in the Plan Year in which the Employees terminate employment (i.e., stand-alone final pay plans).

2. The Employer hereby waives or reduces the requirement of a twelve (12) month Period of Service for participation. The required Period of Service shall be (write N/A if an Employee is eligible to participate upon employment) N/A.

If this waiver or reduction is elected, it shall apply to all Employees within the Covered Employment Classification.

3. A minimum age requirement is hereby specified for eligibility to participate. The minimum age requirement is 21 (not to exceed age 21. Write N/A if no minimum age is declared.)

VI. CONTRIBUTION PROVISIONS

1. The Employer shall contribute as follows (choose all that apply):

Fixed Employer Contributions With or Without Mandatory Participant Contributions. (If section B or C is chosen, please complete section D.)

- A. Fixed Employer Contributions. The Employer shall contribute on behalf of each Participant _____% of Earnings or \$ 650.00 for the Plan Year (subject to the limitations of Article V of the Plan). *Subject to change per Memorandum of Understanding between the City of Peoria and COPPS.*
Mandatory Participant Contributions

are required are not required

to be eligible for this Employer Contribution.

- B. Mandatory Participant Contributions for Plan Participation. A Participant is required to contribute (subject to the limitations of Article V of the Plan)

- (i) 3 % of Earnings,
(ii) \$ _____, or
(iii) a whole percentage of Earnings between the range of _____ (insert range of percentages between 0% and 20% (e.g., 3%, 6%, or 20%; 5% to 7%)), as designated by the Employer in accordance with guidelines and procedures established by the Employer

for the Plan Year as a condition of participation in the Plan. A Participant shall not have the right to discontinue or vary the rate of such contributions after becoming a Plan Participant. *Subject to change per Memorandum of Understanding between the City of Peoria and COPPS.*

The Employer hereby elects to "pick up" the Mandatory Participant Contributions.¹

Yes No

[621]

- C. Mandatory Participant Contributions for this Portion of the Plan. Each Employee eligible to participate in the Plan shall be given the opportunity to irrevocably elect to participate in the Mandatory Participant Contribution portion of the Plan by electing to contribute _____ (insert range of percentages between 0% and 20% (e.g., 3%, 6%, or 20%; 5% to 7%)) of the Employee's Earnings to the Plan for each Plan Year (subject to the limitations of Article V of the Plan).

¹ Neither an IRS advisory letter nor a de-termination letter issued to an adopting Employer is a ruling by the Internal Revenue Service that Participant contributions that are picked up by the Employer are not includ-able in the Participant's gross income for federal income tax purposes. Pick-up contributions are not mandated to receive private letter rulings, however, if an adopting employer wishes to receive a ruling on pick-up contributions they may request one in accordance with Revenue Procedure 2007-4 (or subsequent guidance).

A Participant shall not have the right to discontinue or vary the rate of such contributions after becoming a Participant in this portion of the Plan.

The Employer hereby elects to "pick up" the Mandatory Participant Contributions.²

Yes No

[621]

- D. Election Window. Newly eligible Employees shall be provided an election window of N/A days (no more than 60 calendar days) from the date of initial eligibility during which they may make the election to participate in the Mandatory Participant Contribution portion of the Plan. Participation in the Mandatory Participant Contribution portion of the Plan shall begin the first of the month following the end of the election window.

An Employee's election is irrevocable and shall remain in force until the Employee terminates employment or ceases to be eligible to participate in the Plan. In the event of re-employment to an eligible position, the Employee's original election will resume. In no event does the Employee have the option of receiving the pick-up contribution amount directly.

Fixed Employer Match of Voluntary Participant Contributions.

The Employer shall contribute on behalf of each Participant ___% of Earnings for the Plan Year (subject to the limitations of Article V of the Plan) for each Plan Year that such Participant has contributed ___% of Earnings or \$_____. Under this option, there is a single, fixed rate of Employer contributions, but a Participant may decline to make the required Participant contributions in any Plan Year, in which case no Employer contribution will be made on the Participant's behalf in that Plan Year.

Variable Employer Match of Voluntary Participant Contributions.

The Employer shall contribute on behalf of each Participant an amount determined as follows (subject to the limitations of Article V of the Plan):

_____% of the Voluntary Participant Contributions made by the Participant for the Plan Year (not including Participant contributions exceeding ____% of Earnings or \$_____);

PLUS ____% of the contributions made by the Participant for the Plan Year in excess of those included in the above paragraph (but not including Voluntary Participant Contributions exceeding in the aggregate ____% of Earnings or \$_____).

Employer Matching Contributions on behalf of a Participant for a Plan Year shall not exceed \$_____ or ____% of Earnings, whichever is ___ more or ___ less.

2. Each Participant may make a voluntary (unmatched), after tax contribution, subject to the limitations of Section 4.05 and Article V of the Plan.

Yes No

3. Employer contributions for a Plan Year shall be contributed to the Trust in accordance with the following payment schedule (no later than the 15th day of the tenth calendar month following the end of the calendar year or fiscal year (as applicable depending on the basis on which the Employer keeps its books) with or within which the particular Limitation year ends, or in accordance with applicable law):

² See footnote 1 on the previous page.

4. Participant contributions for a Plan Year shall be contributed to the Trust in accordance with the following payment schedule (no later than the 15th day of the tenth calendar month following the end of the calendar year or fiscal year (as applicable depending on the basis on which the Employer keeps its books) with or within which the particular Limitation year ends, or in accordance with applicable law):

VII. EARNINGS

Earnings, as defined under Section 2.09 of the Plan, shall include:

- (a) Overtime

Yes No

- (b) Bonuses

Yes No

- (c) Other Pay (specifically describe any other types of pay to be included below)

multiple components of pay and additional pay. EXCLUDES performance pay and lump sum payments.

- VIII. The Employer will permit rollover contributions in accordance with Section 4.11 of the Plan.

Yes No

IX. LIMITATION ON ALLOCATIONS

If the Employer maintains or ever maintained another qualified plan in which any Participant in this Plan is (or was) a participant or could possibly become a participant, the Employer hereby agrees to limit contributions to all such plans as provided herein, if necessary in order to avoid excess contributions (as described in Sections 5.02 of the Plan).

1. If the Participant is covered under another qualified defined contribution plan maintained by the Employer, the provisions of Section 5.02(a) through (f) of the Plan will apply unless another method has been indicated below.

- Other Method. (Provide the method under which the plans will limit total Annual Additions to the Maximum Permissible Amount, and will properly reduce any excess amounts, in a manner that precludes Employer discretion.)

N/A

2. The limitation year is the following 12 consecutive month period:

N/A

X. VESTING PROVISIONS

The Employer hereby specifies the following vesting schedule, subject to (1) the minimum vesting requirements and (2) the concurrence of the Plan Administrator. (For the blanks below, enter the applicable percent – from 0 to 100 (with no entry after the year in which 100% is entered), in ascending order.)

<u>Period of Service Completed</u>	<u>Percent Vested</u>
Zero	<u>100</u> %
One	_____ %
Two	_____ %
Three	_____ %
Four	_____ %
Five	_____ %
Six	_____ %
Seven	_____ %
Eight	_____ %
Nine	_____ %
Ten	_____ %

XI. Loans are permitted under the Plan, as provided in Article XIII of the Plan:

Yes No [751]

XII.

1. In-service distributions are permitted under the Plan after a participant attains (select one of the below options): [646:8]

- Normal Retirement Age *As defined by PSPRS*
- Age 70½
- Not permitted at any age

2. Tax-free distributions of up to \$3,000 for the payment of qualifying insurance premiums for eligible retired public safety officers are available under the Plan.

Yes No (Default) [646:3]

XIII. In-service distributions of the Rollover Account are permitted under the Plan as provided in Section 9.07.

Yes No (Default) [646:7]

XIV. SPOUSAL PROTECTION

The Plan will provide the following level of spousal protection (select one):

A. Participant Directed Election. The normal form of payment of benefits under the Plan is a lump sum. The Participant can name any person(s) as the Beneficiary of the Plan, with no spousal consent required. [646:6]

B. Beneficiary Spousal Consent Election (Article XII). The normal form of payment of benefits under the Plan is a lump sum. Upon death, the surviving spouse is the Beneficiary, unless he or she consents to the Participant's naming another Beneficiary. (This is the default provision under the Plan if no selection is made.) [646:6]

C. QJSA Election (Article XVII). The normal form of payment of benefits under the Plan is a 50% qualified joint and survivor annuity with the spouse (or life annuity, if single). In the event of the Participant's death prior to commencing payments, the spouse will receive an annuity for his or her lifetime. [642:8]
[646:6]

XV. FINAL PAY CONTRIBUTIONS

The Plan will provide for Final Pay Contributions if either 1 or 2 below is selected.

Final Pay shall be defined as (select one):

- A. Accrued unpaid vacation
- B. Accrued unpaid sick leave *as defined by MOU*
- C. Accrued unpaid vacation and sick leave
- D. Other (insert definition of final pay): Compensatory Time

that would otherwise be payable to the Employee in cash upon termination.

- 1. **Employer Final Pay Contribution.** The Employer shall contribute on behalf of each Participant N/A % of Final Pay to the Plan (subject to the limitations of Article V of the Plan).
- 2. **Employee Designated Final Pay Contribution.** Each Employee eligible to participate in the Plan shall be given the opportunity at enrollment to irrevocably elect to contribute _____% (insert fixed percentage of final pay to be contributed) or up to _____% (insert maximum percentage of final pay to be contributed) of Final Pay to the Plan (subject to the limitations of Article V of the Plan).

Once elected, an Employee's election shall remain in force and may not be revised or revoked. If the employer elects to "pick up" these amounts, in no event does the Employee have the option of receiving the pick-up contribution amount directly.

The Employer hereby elects to "pick up" the Employee Designated Final Pay Contribution thereby treating such contributions as Employer-made contributions for federal income tax purposes.

Yes No

[621]

XVI. ACCRUED LEAVE CONTRIBUTIONS

The Plan will provide for accrued unpaid leave contributions if either 1 or 2 is selected below.

Accrued Leave shall be defined as (select one):

- A. Accrued unpaid vacation
- B. Accrued unpaid sick leave
- C. Accrued unpaid vacation and sick leave
- D. Other (insert definition of final pay: _____)

that would otherwise be payable to the Employee in cash.

- 1. **Employer Accrued Leave Contribution.** The Employer shall contribute as follows (choose one of the following options):
 - For each Plan Year, the Employer shall contribute on behalf of each Eligible Participant the unused Accrued Leave in excess of _____ (insert number of hours/days/weeks) to the Plan (subject to the limitations of Article V of the Plan).
 - For each Plan Year, the Employer shall contribute on behalf of each Eligible Participant _____ % of unused Accrued Leave to the Plan (subject to the limitations of Article V of the Plan).

2. **Employee Designated Accrued Leave Contribution.**

Each eligible Participant shall be given the opportunity at enrollment to irrevocably elect to contribute _____% (insert fixed percentage of accrued unpaid leave to be contributed) or up to _____% (insert maximum percentage of accrued unpaid leave to be contributed) of Accrued Leave to the Plan (subject to the limitations of Article V of the Plan).

Once elected, an Employee's election shall remain in force and may not be revised or revoked. If the employer elects to "pick up" these amounts, in no event does the Employee have the option of receiving the pick-up contribution amount directly.

The Employer hereby elects to "pick up" the Employee Designated Final Pay Contribution thereby treating such contributions as Employer-made contributions for federal income tax purposes.

Yes No

[621]

In order to allow for Final Pay Contributions and/or Accrued Leave Contributions, as defined in sections XV and XVI above, the Plan must also include additional sources of ongoing contributions, such as Fixed Employer Contributions or Mandatory Participant Contributions. In accordance with IRS Guidance, ICMA-RC will not process Final Pay Contribution or Accrued Leave Contribution Features as part of a "Stand Alone" Final Pay Plan.

XVII. The Employer hereby attests that it is a unit of state or local government or an agency or instrumentality of one or more units of state or local government.

XVIII. The Plan Administrator hereby agrees to inform the Employer of any amendments to the Plan made pursuant to Section 14.05 of the Plan or of the discontinuance or abandonment of the Plan.

XIX. The Employer hereby appoints the ICMA Retirement Corporation as the Plan Administrator pursuant to the terms and conditions of the ICMA RETIREMENT CORPORATION GOVERNMENTAL MONEY PURCHASE PLAN & TRUST.

The Employer hereby agrees to the provisions of the Plan and Trust.

XX. The Employer hereby acknowledges it understands that failure to properly fill out this Adoption Agreement may result in disqualification of the Plan.

XXI. An adopting Employer may rely on an advisory letter issued by the Internal Revenue Service as evidence that the Plan is qualified under section 401 of the Internal Revenue Code to the extent provided in applicable IRS revenue procedures and other official guidance.

In Witness Whereof, the Employer hereby causes this Agreement to be executed on this _____ day of _____, 20_____.

EMPLOYER

ICMA RETIREMENT CORPORATION
777 North Capitol St., NE
Washington, DC 20002-4240
202-962-8096

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Attest: _____

Attest: _____

401 Qualified Plan Implementation Data Form

Please ensure that each section of this form is completed before returning it to ICMA-RC along with the other adoption materials. You may contact ICMA-RC's Client Services team at 1-800-326-7272 if you have questions.

The following list of designations should help you complete the Implementation Data Form:

13. Primary Contact

This person is responsible for the day-to-day administration and processing of plan transactions. This is the person we call if general questions arise concerning your ICMA-RC account.

14. Disbursement/Loan

This person(s) will be responsible for signing disbursement and loan withdrawal forms, authorizing any disbursement or loan transactions, and answering questions pertaining to disbursements and loans. This should be a person(s) of authority. Also, the person's signature should be placed in the appropriate section of this form for our reference purposes.

17. Contribution/EZ Link Contact

This person is responsible for sending contributions to RC. If there are discrepancies in the wire amount and the corresponding backup, this is the person we will contact to resolve the issue. This person should have access to all payroll/contribution information to ensure efficient processing of contributions. Confirmations for each contribution received are sent to this individual.

18. Quarterly Statement

This person will receive all quarterly statements.

19. Plan Coordinator

The title of this person is designated in the resolution. If a different person obtains the same title, you may use this form to update the name change. You must have your legislative body pass a new resolution to update the title of the person designated as plan coordinator.

20. Billing (Fees)

If RC charges any employer paid fees to your account, this person will receive the invoices.



401 Qualified Plan Implementation Data Form | Page 1 of 4

Instructions to Employer: Provide necessary information to establish your plan properly.
Please contact your New Business Unit Analyst at 1-800-326-7272, then press "0" for your plan number if you have any questions.

ICMA-RC Use Only: Employer # 10

<p>General Information</p>	<p>1. (902) Employer's Full Name: <u>City of Peoria</u></p> <p>2. (924) Street Address: <u>8401 W. Monroe Street</u> (925) _____</p> <p>3. (918) City: <u>Peoria</u> (919) State: <u>Az</u> (920) Zip Code: <u>85345</u></p> <p>4. (633) Primary Contact: <u>Nancy Fantasia</u></p> <p>5. (634) Primary Contact Title: <u>Benefits Administrator</u></p> <p>6. (631) Primary Contact Telephone #: (<u>623</u>) <u>773-7554</u></p> <p>7. (632) Fax #: (<u>623</u>) <u>773-5163</u></p> <p>8. (882) Employer's Federal Tax Identification Number: XXXXXXXXXX</p>												
<p>Plan Implementation Information</p> <p><i>Instructions – Use the Vantagepoint Funds Brochure or sheet to complete this section.</i></p>	<p>9. (611) Contribution information (See "Important Contribution Information" later in this book)</p> <p>a. Frequency: (check one)</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> (0) Bi-weekly</td> <td><input type="checkbox"/> (4) Monthly</td> <td><input type="checkbox"/> (8) Semi-quarterly</td> </tr> <tr> <td><input type="checkbox"/> (1) Weekly</td> <td><input type="checkbox"/> (5) Semi-monthly</td> <td><input type="checkbox"/> (9) Bi-annually</td> </tr> <tr> <td><input type="checkbox"/> (2) Semi-weekly</td> <td><input type="checkbox"/> (6) Bi-quarterly</td> <td><input type="checkbox"/> (10) Annually</td> </tr> <tr> <td><input type="checkbox"/> (3) Bi-monthly</td> <td><input type="checkbox"/> (7) Quarterly</td> <td><input type="checkbox"/> (11) Semi-annually</td> </tr> </table> <p>b. Deposit Medium: (624) <input checked="" type="checkbox"/> Wire <input type="checkbox"/> ACH</p> <p>10. First Contribution Date Following Implementation: _____</p> <p>11. Number of Eligible Employee: <u>25</u> Expected Number of Participants: <u>25</u></p>	<input checked="" type="checkbox"/> (0) Bi-weekly	<input type="checkbox"/> (4) Monthly	<input type="checkbox"/> (8) Semi-quarterly	<input type="checkbox"/> (1) Weekly	<input type="checkbox"/> (5) Semi-monthly	<input type="checkbox"/> (9) Bi-annually	<input type="checkbox"/> (2) Semi-weekly	<input type="checkbox"/> (6) Bi-quarterly	<input type="checkbox"/> (10) Annually	<input type="checkbox"/> (3) Bi-monthly	<input type="checkbox"/> (7) Quarterly	<input type="checkbox"/> (11) Semi-annually
<input checked="" type="checkbox"/> (0) Bi-weekly	<input type="checkbox"/> (4) Monthly	<input type="checkbox"/> (8) Semi-quarterly											
<input type="checkbox"/> (1) Weekly	<input type="checkbox"/> (5) Semi-monthly	<input type="checkbox"/> (9) Bi-annually											
<input type="checkbox"/> (2) Semi-weekly	<input type="checkbox"/> (6) Bi-quarterly	<input type="checkbox"/> (10) Annually											
<input type="checkbox"/> (3) Bi-monthly	<input type="checkbox"/> (7) Quarterly	<input type="checkbox"/> (11) Semi-annually											
<p>Default Investment Option</p>	<p>Default Fund for Investment Allocations:</p> <p>The default fund will be used if a participant does not provide valid allocation instructions (i.e., no allocation is provided, the allocation percentages do not total 100%, or one or more funds that are not available to the plan are selected).</p> <p>If you do not make an election in this section, the Milestone Fund with the target date closest to a participant's 60th birthday will be used as your plan's default option.</p> <p>You may select the "Custom Default" option if you would like to use a fund (or funds) other than the Milestone Funds as your plan's default option. Please see ICMA-RC's Standard Plan Fund Lineup at www.icmarc.org to complete this section.</p> <p>Note: Prior to selecting the "Custom Default" option, employers should carefully review the Department of Labor's final regulations on qualified default investment alternatives (QDIAs). More information is available online at www.dol.gov or www.icmarc.org/ppa.</p> <p>12. Default Fund for Investment Allocations (Select one option):</p> <p><input checked="" type="checkbox"/> The Milestone Funds (Default) with a target retirement age of:</p> <p><input type="checkbox"/> Age 60 (Default)</p> <p><input checked="" type="checkbox"/> Age <u>*</u> (input the Target Retirement Age to be used for your plan)</p> <p><u>* at which member achieves normal retirement under PSPRS.</u></p> <p><i>(continued on the following page)</i></p>												



401 Qualified Plan Implementation Data Form | Page 2 of 4

Instructions to Employer: Provide necessary information to establish your plan properly.
Please contact your New Business Unit Analyst at 1-800-326-7272, then press "0" for your plan number if you have any questions.

ICMA-RC Use Only: Employer # 10 _____

<p>Default Investment Option <i>continued</i></p>	<p><input type="checkbox"/> Custom Default (List the fund name(s) and percentages that will be used as the plan's default investment option):</p> <table border="1"> <thead> <tr> <th>Fund Name</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Fund Name	Percentage	_____	_____	_____	_____	_____	_____	_____	_____
Fund Name	Percentage										
_____	_____										
_____	_____										
_____	_____										
_____	_____										
<p>Primary Contact Information</p>	<p>PLAN CONTACTS</p> <p>13. PT00 (200) Primary Contact Name: <u>Nancy Fantasia</u> (210) Title: <u>Benefits Administrator</u> (420) Telephone: (<u>623</u>) <u>773-7554</u> (421) Fax: (<u>623</u>) <u>773-5163</u> (422) Email Address: <u>Nancy.fantasia@peoriaaz.gov</u></p>										
<p>Disbursement/ Loan Contact Information <i>Please indicate alternate addresses in Comments Section on Page 3</i></p>	<p>14. PT01 Contact Signature: _____ (200) Contact Name: _____ (210) Title: _____ (420) Telephone: () _____ (421) Fax: () _____ (422) Email Address: _____</p> <p>15. PT08 Contact Signature: _____ (200) Contact Name: _____ (210) Title: _____ (420) Telephone: () _____ (421) Fax: () _____ (422) Email Address: _____</p> <p>16. PT09 Contact Signature: _____ (200) Contact Name: _____ (210) Title: _____ (420) Telephone: () _____ (421) Fax: () _____ (422) Email Address: _____</p>										
<p>Contribution/ EZLink Contact Information</p>	<p>17. PT02 (200) Contact Name: <u>Karen Clark</u> (210) Title: <u>Payroll Supervisor</u> (420) Telephone: (<u>623</u>) <u>773-7158</u> (421) Fax: (<u>623</u>) <u>773-5136</u> (422) Email Address: <u>Karen.clark@peoriaaz.gov</u></p> <p>Does the EZLink Contact initiate ACH/wire for payroll? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, please provide ACH/wire contact information: Name/Title: <u>Debbie Card</u> Telephone: (<u>623</u>) <u>773-7148</u></p> <p><i>EZLink is ICMA-RC's standard contribution detail summary format. Please complete and return the EZLink Access Form. You must also complete a successful EZLink test before your first contribution can be submitted.</i></p>										



401 Qualified Plan Implementation Data Form | Page 3 of 4

ICMA-RC Use Only: Employer # 10 _____

Quarterly Statement Contact Information	<p>18. PT04 (200) Contact Name: <u>Nancy Fantasia</u> (210) Title: <u>Benefits Administrator</u> (420) Telephone: (<u>623</u>) <u>773-7554</u> (421) Fax: (<u>623</u>) <u>773-5163</u> (422) Email Address: <u>Nancy.fantasia@peoria.az.gov</u></p> <p><i>If this section is not completed, the Primary Contact will receive mailings.</i></p>
Plan Coordinator Contact Information	<p>19. PT05 (200) Contact Name: <u>Roberta Kimelton</u> (210) Title: <u>HR Manager</u> (420) Telephone: (<u>623</u>) <u>773-7624</u> (421) Fax: (<u>623</u>) <u>773-7141</u> (422) Email Address: <u>Bobbie.Kimelton@peoria.az.gov</u></p> <p><i>Note: Changing this title requires an amendment to your resolution.</i></p>
Billing (Fees) Contact Information	<p>20. PT06 (200) Contact Name: <u>Karen Clark</u> (210) Title: <u>Payroll Supervisor</u> (420) Telephone: (<u>623</u>) <u>777-7158</u> (421) Fax: (<u>623</u>) <u>773-5134</u> (422) Email Address: <u>karen.clark@peoria.az.gov</u></p>
Comments: <i>Alternative Addresses for #14-20</i>	<p>21. _____ _____ _____</p>
Co-Provider Information	<p>22. Does your plan have a co-provider relationship*? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please provide the co-provider information:</p> <p>Name of Co-Provider(s): _____</p> <p>Co-Provider 1: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____ Phone Number: _____</p> <p>Co-Provider 2: _____ Street Address: _____ City: _____ State: _____ Zip Code: _____</p>

Internal Use Only

621 = Y/N

641 = _____

912 = _____



STREAMLINING PLAN ADMINISTRATION THROUGH TECHNOLOGY www.icmarc.org/ezlink/

EZLink gives you electronic access to a wide range of plan specific information, transaction processing capabilities and keeps you up-to-date on the latest in plan changes. As a user, you can access the information you need, when you need it.

Who should use the EZLink Access form?

Use this form to request a new user, and to update or remove an existing user.

Instructions

1. Primary Contact Information – Please provide the name of the person who is designated as the primary contact. This person will need to sign this form to authorize access. If you want to verify your primary contact, please call Client Services at 1-800-326-7272 between 8:30 a.m. and 7:30 p.m. Eastern Time. *Primary contact User ID and password will be created with full access.*

2. EZLink User Information –

To request a new User ID: check the Add New User ID box and enter the user information. The email address and access options are required.

To update an existing User ID: check the Update User ID box, enter the User ID and select all the access the user should have.

To remove an existing User ID: check the Remove User ID box to remove all access.

Access Options:

Balances/Reports: This capability provides the user the ability to view plan and participant information including balances, investment allocations and reports.

Online Enrollments: This capability provides the user the ability to enroll participants.

Participant Changes: This capability provides the user the ability to update participant information such as name, address, marital status, title.

Contribution & Loan

Repayments:

This capability provides the user the ability to submit contributions and loan repayments online using a prior payroll or ICMA-RC pre-formatted file.

Participant Data Transfer:

This capability provides the user the ability to submit an ICMA-RC pre-formatted participant indicative data demographic file including enrollments and participant updates and to view a customized data verification report.

3. Primary Contact Approval – Please have the **Primary Contact** sign and date this **EZLink Access Form**.

Minimum System Recommendations

- ✓ Firefox Version 3.x and higher, or MICROSOFT Internet Explorer 5.0 and higher
- ✓ 128 Bit Encryption
- ✓ High speed Internet access or minimum 56K modem
- ✓ Pentium class PC
- ✓ Windows NT, 1995 or later

OTHER SYSTEMS ARE NOT RECOMMENDED

Please fax your completed EZLink Access Form to the EZLink Administrator at 1-202-962-4601.



EZLINK ACCESS FORM - PAGE 1 OF 2

Plan Name City of Peoria

Plan Number(s) (All)

(All plan numbers must be listed to avoid processing delays.)

<p>1 Primary Contact Information</p>	<p>Primary Contact Name: <u>Nancy Fantasia</u> Primary Contact Title: <u>Benefits Administrator</u> Email Address: <u>Nancy.fantasia@peoriaaz.gov</u> Daytime Phone Number: <u>(623) 773-7554</u></p>
<p>2 EZLink User Information</p> <p><i>Use Current Users on File</i></p>	<p>Select One: <input type="checkbox"/> Add New User ID <input type="checkbox"/> Update User ID _____ <input type="checkbox"/> Remove User ID</p> <p>Name: _____ Title: _____ Email Address: _____ Daytime Phone Number: (____) _____ - _____</p> <p>Access Options (You must select either yes or no for each access option):</p> <p>Balances & Reports <input type="checkbox"/> Y <input type="checkbox"/> N Contributions & Loan Repays <input type="checkbox"/> Y <input type="checkbox"/> N Online Enrollments <input type="checkbox"/> Y <input type="checkbox"/> N Participant Data Transfer <input type="checkbox"/> Y <input type="checkbox"/> N Participant Changes <input type="checkbox"/> Y <input type="checkbox"/> N</p> <hr/> <p>Select One: <input type="checkbox"/> Add New User ID <input type="checkbox"/> Update User ID _____ <input type="checkbox"/> Remove User ID</p> <p>Name: _____ Title: _____ Email Address: _____ Daytime Phone Number: (____) _____ - _____</p> <p>Access Options (You must select either yes or no for each access option):</p> <p>Balances & Reports <input type="checkbox"/> Y <input type="checkbox"/> N Contributions & Loan Repays <input type="checkbox"/> Y <input type="checkbox"/> N Online Enrollments <input type="checkbox"/> Y <input type="checkbox"/> N Participant Data Transfer <input type="checkbox"/> Y <input type="checkbox"/> N Participant Changes <input type="checkbox"/> Y <input type="checkbox"/> N</p> <hr/> <p>Select One: <input type="checkbox"/> Add New User ID <input type="checkbox"/> Update User ID _____ <input type="checkbox"/> Remove User ID</p> <p>Name: _____ Title: _____ Email Address: _____ Daytime Phone Number: (____) _____ - _____</p> <p>Access Options (You must select either yes or no for each access option):</p> <p>Balances & Reports <input type="checkbox"/> Y <input type="checkbox"/> N Contributions & Loan Repays <input type="checkbox"/> Y <input type="checkbox"/> N Online Enrollments <input type="checkbox"/> Y <input type="checkbox"/> N Participant Data Transfer <input type="checkbox"/> Y <input type="checkbox"/> N Participant Changes <input type="checkbox"/> Y <input type="checkbox"/> N</p>



EZLINK ACCESS FORM - PAGE 2 OF 2

2 EZLink User Information

(continued)

Select One: Add New User ID Update User ID _____ Remove User ID

Name: _____

Title: _____

Email Address: _____

Daytime Phone Number: (____) _____ - _____

Access Options (You must select either yes or no for each access option):

Balances & Reports __Y__N Contributions & Loan Repays __Y__N

Online Enrollments __Y__N Participant Data Transfer __Y__N

Participant Changes __Y__N

Use same users on file

Select One: Add New User ID Update User ID _____ Remove User ID

Name: _____

Title: _____

Email Address: _____

Daytime Phone Number: (____) _____ - _____

Access Options (You must select either yes or no for each access option):

Balances & Reports __Y__N Contributions & Loan Repays __Y__N

Online Enrollments __Y__N Participant Data Transfer __Y__N

Participant Changes __Y__N

3 Primary Contact Approval

ICMA-RC considers participant information to be highly confidential, and we go to great lengths to avoid breaching that confidentiality. For this reason, ICMA-RC cannot be responsible for (i) negligent or intentional misuse of the password by the municipality's officers, employees, agents or contractors, (ii) a breach of confidentiality that may occur as a result of such negligent or intentional misuse of the password, or (iii) a breach of confidentiality that may occur as a proximate result of the municipality's access to the participant database. If the municipality uses EZLink online transaction processing, please remember to review all financial information you have entered for your participants, as ICMA-RC is not responsible for incorrect data transmitted by the municipality. ICMA-RC recommends that you encourage all participants to review confirmations for accuracy.

ICMA-RC's web site is normally available 24 hours a day, seven days a week. However, service availability is not guaranteed. Neither ICMA-RC or its affiliates, the VantageTrust Company, nor The Vantagepoint Funds will be responsible for any loss (or forgone gain) you may incur as a result of service being unavailable.

Please signify your agreement to these terms by signing in the space indicated below. **You may fax this signed form to the EZLink Administrator at 1-202-962-4601.** We will provide you with User ID(s) and Password(s) to begin using EZLink. Should you have questions, please call our EZLink Team at 1-800-326-7272.

Agreed: *Nancy Fantasia* Date: 11/23/10
Primary Contact

Print Your Name Nancy Fantasia

For ICMA-RC Internal Use Only:

EZLink Primary _____ NBU _____

EZLink QA _____ Data Security _____



401/457 Online Options Form Instructions

Please indicate your desired election for all four of the features shown on the form before returning it to ICMA-RC. You may contact the New Business Analyst at 800-326-7272 if you have questions.

The following information should assist you with selecting the appropriate options for your Plan(s):

1. Online deferral changes will be made available to the plan:

With this option, you can allow participants to enter deferral changes through Account Access. The change should take effect for the first pay period in the month following the month that the election is made.

2. Direct Self Enrollment – 457 Plans Only:

This option will allow employees to enroll in 457 Plans online.

3. Beneficiary information will be displayed online so that it can be viewed and updated:

With this option, you can enable participants (through Account Access) and your plan contacts (through EZLink) to view and update beneficiary information online. Both primary and contingent beneficiary information will be displayed. Beneficiary information will be displayed on participant quarterly statements regardless of whether the online feature is activated. Both primary and contingent beneficiary information will be displayed on the statements.

Please note: We are unable to make this option available within EZLink without also making it available within Account Access.

4. Online withdrawals* will be made available to the Plan:

With this feature, you can enable participants to request withdrawals online after they separate from service.

* **Please note:** Termination dates should be submitted via EZLink in a timely manner, and further employer approval is not required for individual disbursement requests. Online Withdrawals are for installments, partial and lump sum payments made directly to the participant. The Online Withdrawal system does not establish outgoing rollovers to other plan providers.

5. Electronic delivery for your plan(s) participants. With our electronic delivery process, plan participants will be able to quickly and easily view their statements and transaction confirmations in Account Access instead of waiting to receive them by mail.

Once you switch your plan to paperless, we will let participants know by sending them a welcome email. They will also receive a message on their next statement that they will begin receiving their statements and confirmations online rather than in the mail. If participants prefer to receive their documents in the mail they can switch back to paper easily just by going to Account Access or calling Investor Services.

If you select this option, you will be contacted by our Client Services Team and we will work with you to set up your plan to go paperless.

Please fax the completed form to the attention of the New Business Unit at 202-962-4601.



401/457 ONLINE OPTIONS FORM

This form allows you to establish the following features for your plan(s):

- (1) Online deferral changes
- (2) Direct Self-Enrollment (Available to **457 plans only**)
- (3) View and update beneficiary information online
- (4) Online withdrawals
- (5) Electronic delivery for all participant statements and transaction confirmations.

Please fax the completed form to the attention of the New Business Unit at 202-962-4601.

Plan Number: _____ Make these changes to all of our 401/457 plans

Plan Name: City of Peoria

1. Online deferral changes will be made available to the plan: YES NO

This plan allows (select all that apply): Pre-Tax Deferrals After-Tax Deferrals (After-tax deferrals applicable to 401 plans only)

Pre-tax deferrals: Minimum % _____ Maximum % _____ (Please enter whole percentages only)

Minimum \$ _____ Maximum \$ _____ (Please enter whole dollars only)

After-tax deferrals: Minimum % _____ Maximum % _____ (Please enter whole percentages only)

Minimum \$ _____ Maximum \$ _____ (Please enter whole dollars only)

2. Direct Self-Enrollment (applicable for 457 plans only)

Direct Self-Enrollment should be made available to 457 plans: YES (Default) NO

Please select one of the options below as part of the feature activation:

- Option 1: Request deferral information during the enrollment and allow participants the ability to view/change deferral information on an ongoing basis via Account Access.
- Option 2: Request deferral information during the enrollment but DO NOT allow participants the ability to view/change deferral information on an ongoing basis via Account Access.
- Option 3 (Default): Please do not request deferral information. We will collect deferral information internally.

Note: If an option is not selected, Option 3 will be utilized.

3. Beneficiary information should be displayed online so that it can be viewed and updated: YES (Default) NO

Note: Beneficiary information will be displayed on participant statements regardless of the online option.

4. Online withdrawals will be established as a standard online feature. Please see instructions for further information.

5. Electronic delivery for all participant statements and transaction confirmations. Please see instructions for further information.

YES NO

Employer Authorization: Roberta J. Kimelton Date: 12-7-10
Primary Contact

Roberta J. Kimelton
Print Name

HR Manager
Title

ICMA-RC Use Only: Form Rec'd by: _____ Date: _____

IMPORTANT!

PLEASE READ THIS DOCUMENT PRIOR TO SUBMITTING YOUR FIRST PAYROLL TO ICMA-RC

Frequently Asked Questions about submitting Payrolls to ICMA-RC

What is EZLink?

EZLink is ICMA-RC's secure internet-based software that allows you to submit payroll and enrollment information to ICMA-RC. Additionally, you can access reports about your plan's activity using EZLink.

How do I get started using EZLink?

Enclosed are several items that you will need to begin submitting contributions to the ICMA Retirement Corporation (RC) including:

- EZLink Information and Access Form – Complete this form to assign a payroll, wire/ACH contact and issue passwords for inquiry only mode.
- Processing Policies for Contribution and Loan Repayments – Describes processing cutoff and ICMA-RC's "good order" policy
- ACH and wire instructions for 401, 457, IRA, and RHS plans

Follow this checklist of steps to submit your payroll via EZLink

- ✓ Complete the EZLink Form and return to the New Business Unit Analyst in the envelope provided.
- ✓ Be sure to provide the first date you anticipate sending a payroll contribution to ICMA-RC. (Plan Data Implementation Form in "Return Booklet")
- ✓ Complete a test file with ICMA-RC **prior** to submitting your first payroll. Your payroll contact will be called upon receipt of the EZLink Application to coordinate a test as well as discuss the features of EZLink.
- ✓ Review the Wire/ACH instructions with the appropriate contact. Your payroll contact may not be the person who transmits wires to ICMA-RC.
- ✓ Make sure you use the correct plan number and plan sources in EZLink based on your plan. Each plan has a distinct plan number. If you have a question regarding a specific plan number, please contact ICMA-RC for confirmation.
- ✓ Make sure you are using the correct format for each plan. Note that 401, IRA and RHS plans have slightly different formats than 457 plans.
- ✓ Enroll participants in the plan prior to submitting your first payroll.

You are now ready to submit payroll contribution and loan repayments to ICMA-RC!

What if I cannot use EZLink?

In order to reduce cost and processing errors, ICMA-RC's policy is that clients use EZLink. Additional fees are assessed to individual 401 & 457 participant accounts for Employers who do not utilize EZLink. (See Appendix 1 for a description of fees). It is required that employers use EZLink for all IRA and RHS accounts.

Please note the "Processing Policies for Contributions and Loan Repayments" included in this packet. It is very important that your contribution detail is received in good order to ensure accurate, efficient processing of your data.

Tips to prevent delays in payroll processing

- Ensure that all participants are enrolled at ICMA-RC prior to submitting a payroll contribution.
- Ensure you complete a test file successfully prior to submitting your first payroll.
- For loan repayments, please ensure that loan numbers are properly entered.
- Ensure that your plan number is correct. If you have multiple plans at ICMA-RC, this is particularly important.
- Ensure that you use the correct payroll format within EZLink. The 401/457 formats cannot be used for IRA and RHS payrolls.
- Ensure that you use the proper wire or ACH instructions. It is important to note that 401, 457, RHS and IRA plans all have different instructions.
- Please do not change formats without contacting ICMA-RC.
- If you encounter a problem with EZLink, please contact an EZLink Specialist at ICMA-RC at 1-800-326-7272 for guidance to correct any issues.

APPENDIX 1

Account Maintenance Fee. The annual Account Maintenance Fee for Plan participants will be waived for Employers who use EZLink for contribution processing and submit deposits by wire transfer or ACH. In the event that Employer does not use EZLink for contribution processing and ACH/wire transfer, the annual Account Maintenance Fee shall be \$36.00 per Plan participant. If applicable, this fee is payable on the first day of the calendar quarter following establishment and is prorated by reference to the number of calendar quarters remaining on the day of payment. The Account Maintenance fee is debited from each Plan participant's account.

IMPORTANT!

PROCESSING POLICIES FOR CONTRIBUTIONS AND LOAN REPAYMENTS

In order to provide the most efficient and dependable service possible to all of our valued customers, ICMA-RC has established the following policies related to contribution and loan repayment processing.

UNBALANCED CONTRIBUTIONS/LOAN REPAYMENTS

In situations where the contribution/loan repayment amount remitted differs from the sum of the detail records provided, investment of the contributions and loan repayments will be delayed until the difference is resolved. If the difference cannot be resolved within 3 business days, ICMA-RC will return the money to the employer, unless alternative instructions are received.

NON-CONFORMING FORMATS

Non-conforming submittals of contribution/loan repayment detail records are typically paper documents printed from an employer's payroll system or other electronic files not formatted according to ICMA-RC specifications. Processing time for non-conforming submittals can be significantly longer than for conforming formats. Consequently, while ICMA-RC will strive to process non-conforming submittals as timely as possible, we may take up to 5 business days to reconcile. The contributions and loan repayments will not be invested during this time. The following table provides the processing turnaround standards for non-conforming submittals.

Number of Contributing Participants	Number of Business Days to Process
50 or fewer	2
51 - 99	3
100 - 299	4
300 or more	5

UNREADABLE OR ERRONEOUS FILES

If a contribution / loan repayment detail file is not readable (e.g., formatting problem, in-transit damage) or does not contain current data, investment of the contributions and loan repayments will be delayed until the employer provides a readable replacement file with current data. In such cases, ICMA-RC will initiate contact with the employer the day the file is received.

PARTICIPANTS NOT ENROLLED

Contributions received for participants who have not been enrolled in the plan **cannot be invested**. In such cases, ICMA-RC will initiate contact with the employer the next business day to request the required enrollment information. If ICMA-RC does not receive the required enrollment information by the close of the third business day following receipt of the contribution, the contribution amount will be refunded to the employer.

INCORRECT LOAN NUMBERS

If a loan repayment is received with incorrect loan number referencing, ICMA-RC may take up to two business days to invest the loan repayment.

CONFORMING FORMATS FOR CONTRIBUTIONS AND LOAN REPAYMENTS TO ICMA-RC

- EZLink On-line Contribution File Creation
- EZLink Data Transfer in ICMA-RC Record Format #3

Please call a New Business Unit Analyst at 1-800-326-7272 to receive additional information about these options.

CONTRIBUTION SUBMITTAL INSTRUCTIONS

To avoid mailing delays associated with checks, ICMA-RC recommends that employers use either ACH or Wire to transmit funds for payroll contribution and loan repayment files. Below are the instructions for submitting funds to ICMA-RC for crediting to participant accounts. This information has been provided to ensure timely processing of your plan's contributions to the Vantagepoint Transfer Agents. In order to process your contributions quickly and accurately, ICMA-RC has separate and distinct banking and mailing instructions for each of your plans. Please use the chart below to identify the correct information for your specific plan when submitting contributions to us. **As each address is different, please do not combine separate plan contributions in the same mailing.**

Plan	Wires	ACH
457	M & T BANK ABA#: 022000046 Vantagepoint Transfer Agents – 457 Account #: 42538001 OBI: 30XXXX (Plan #)	M & T BANK-457 ABA#: 052000113 Account #: 42538001 Ppt ID: 30XXXX (Plan #)
401	M & T BANK ABA#: 022000046 Vantagepoint Transfer Agents – 401 Account #: 42537981 OBI: 10XXXX (Plan #)	M & T BANK-401 ABA#: 052000113 Account #: 42537981 Ppt ID: 10XXXX (Plan #)
*IRA	M & T BANK ABA#: 022000046 Vantagepoint Transfer Agents Account #: 89559029 OBI: 70XXXX (Plan #)	M & T BANK ABA#: 052000113 Account #: 89559029 Ppt ID: 70XXXX (Plan #)
RHS	M & T BANK ABA#: 022000046 Vantagepoint Transfer Agents Account #: 89559029 OBI: 80XXXX (Plan #)	M & T BANK ABA#: 052000113 Account #: 89559029 Ppt ID: 80XXXX (Plan #)

***Payroll Deduction or Sidecar IRA**

Note: If your contribution is sent to any address other than the one specified for each plan above, it will delay the investment of your contribution.

Wire and ACH information

WIRES AND ACH:

You must include your plan number where XXXX is reflected above to ensure timely processing.

It is extremely important that your participant detail breakdown be received no more than 2 business days prior to or at the same time as your remittance, when using the wire or ACH methods. Detail received after the receipt of funds will be credited upon receipt of conforming detail.

If you have any questions regarding these instructions, please contact a New Business Unit Analyst at 1-800-326-7272.

CONTRIBUTION SUBMITTAL TIMING

Participant accounts will receive credit if contributions and detail are received by ICMA-RC in "good order" before 4:00 p.m. Eastern Time as of the date of deposit at M & T Bank if that day is a business day. (See below for information regarding early closings.) Crediting the contribution to participant accounts will be delayed by the length of time it takes for delivery by mail or overnight service.

Wire transfer is a faster method of sending contributions and can result in more timely investment for your employees. It can provide same-day receipt, avoiding the possibilities of delays or loss through the mail. In order to ensure same-day receipt, wire transfers should be executed by 1:00 p.m. Eastern Time to allow three hours for the wire or ACH transmission to clear the Federal Reserve.

EARLY CLOSINGS:

Please keep in mind that the ICMA Retirement Corporation (ICMA-RC) follows the New York Stock Exchange (NYSE) closing schedule with respect to trades and investment allocations. If the NYSE is closed, ICMA-RC will also be closed. Therefore, no contributions will be processed on that day. In addition, at times, the market may close early. Transactions will not be allowed after the early close on that day.

It is especially important to consider the early stock market closing when sending your retirement plan contributions. If you normally send your plan contributions by wire, please keep in mind that it may take up to four hours from the time you initiate the wire for it to arrive at the receiving bank. You may wish to initiate your wire a day early - on the previous business day - in order to meet the early close deadline.

Specific information regarding early closings is available on EZLink.

Please return the following documents in the enclosed envelope or mail to:

ICMA-RC
Attn: New Business Unit Analyst
777 North Capitol Street, N.E.
Washington, DC 20002-4240

- Completed Resolution
- Completed Adoption Agreement
- Signed Administrative Services Agreement
- Implementation Data Form
- Loan Guidelines (if applicable)
- Completed EZ Link Access Form
- Completed 401/457 Online Options Form

If you have not received all of these documents, please notify your
New Business Unit Analyst at 1-800 326-7272 immediately.