

**RESOLUTION FOR INCLUSION UNDER
THE STATE OF WISCONSIN DEFERRED COMPENSATION PROGRAM**

BE IT RESOLVED by the _____ of the _____ that
(Governing Body) (Employer)
pursuant to the provisions of Section 40.81(1), Subchapter VII of Chapter 40 of the Wisconsin Statutes which provides in part as follows:

“An employer other than the State may provide for its employees the Deferred Compensation Plan established by the Board under Section 40.80. Any employer, including this state, who makes the Plan under Section 40.80 available to any of its employees, shall make it available to all its employees under procedures established by the department under this chapter.”

Such _____ hereby determines to be included under the State
(Governing Body)
of Wisconsin Deferred Compensation Program (“the Plan”) provided by Section 40.80 Subchapter VII of Chapter 40 of the Wisconsin Statutes and regulated by Chapter ETF 70 of the Wisconsin Administrative Code for its eligible personnel, and

BE IT FURTHER RESOLVED, 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 Department of Employee Trust Funds of the State of Wisconsin pursuant to Subchapter VII of Chapter 40 of the Wisconsin Statutes, and

BE IT FURTHER RESOLVED, that _____ agrees to be bound by the
(Employer)
Terms and conditions of the contracts between the State, its investment providers, and its Plan Administrator, and the “Plan and Trust Document” and the “Employer Guide” as amended from time to time. The employer certifies it has received a copy of the Plan and Trust document.

BE IT FURTHER RESOLVED, that the _____ representative submit a
(Employer)
certified copy of this Resolution and “Designation of Agent” to the State of Wisconsin, Department of Employee Trust Funds and the Plan Administrator.

BE IT FURTHER RESOLVED, that the _____ recognizing the Deferred
(Governing Body)
Compensation Board’s responsibility for maintaining the integrity of the Plan, the _____ hereby resolved that the proper officers of _____
(Governing Body) (Employer)
are hereby authorized and directed to cooperate fully with the Plan Administrator in accordance with procedures established by the Department of Employee Trust Funds in processing requests for withdrawal in case of an unforeseeable emergency as defined in the Internal Revenue Section 457(d)(1)(A)(iii) and Treas. Regulation 1.457-6(c)(1) of the Regulations. The designated agent is directed to acknowledge on a form authorized by the Department of Employee Trust Funds, that relevant unforeseeable emergency information has been given and received.

Dated this _____ day of _____, 20_____.

Employer: _____

Governing Body: _____

(Authorized Signature)

(Authorized Signature)

DESIGNATION OF AGENT

The person in the following position is hereby designated as the agent in matter pertaining to the State of Wisconsin Deferred Compensation Program.

Title of Position of Designated Agent: _____

DESIGNATED AGENT NAME AND MAILING ADDRESS:

Agent: _____

Alternate: _____

Address: _____

Phone Number: _____

Email Address: _____

Office Hours: _____

CERTIFICATION

I hereby certify that the foregoing Resolution is a true, correct and complete copy of the Resolution duly and regularly passed by the _____ of _____ (Governing Body) of _____ (Employer Name) of _____ (City) on the _____ day of _____, 20____, and that this Resolution has not been repealed or amended, and is now in full force and effect.

Dated this _____ day of _____, 20____.

Employer Representative Title

Mailing Address

Number of eligible employees: _____