



Resolution for Inclusion Under the State of Wisconsin Deferred Compensation Program

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

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 subchapter.

Such _____ hereby determines to be included under the State of Wisconsin Deferred
(Governing body)
Compensation Program ("the Plan") provided by 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 Terms and
(Employer)
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 submits a certified copy of
(Employer)
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 Compensation
(Governing body)
Board's responsibility for maintaining the integrity of the Plan, the _____ hereby resolved
(Governing body)
that the proper officers of _____ are hereby authorized and directed to cooperate fully with
(Employer)
the Plan Administrator in accordance with procedures established by the Department of Employee Trust Funds.

Be it further resolved, that the _____ of the _____ acknowledges
(Governing body) (Employer)
and submits that the Plan offered under Section 40.80 et seq., Subchapter VII of Chapter 40 of the Wisconsin Statutes is not and cannot be used as an alternative or replacement plan for purposes of FICA taxes. The Plan is meant to act as a supplemental retirement benefit in addition to social security (FICA) benefits.

Dated this _____ day of _____, 20_____.

Employer: _____ Governing body: _____

Authorized signature

Authorized signature

Print name

Print name

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.

Note: Employer email addresses will be automatically subscribed to ETF E-mail Updates, an ETF email service providing employers with important ETF benefits administration information. It is your responsibility to read, forward to others in your agency as necessary, and take the necessary action related to information in each ETF E-mail Update. Add etfwi@public.govdelivery.com to your email address book to prevent news from ETF from ending up in a SPAM folder. If you have questions, please call the Employer Communication Center at 1-877-533-5020.

Agent: _____

Title of position of designated agent: _____

Alternate agent: _____

Address: _____

Telephone, including area code: _____

Email: _____

Office hours: _____

Federal employer ID number: _____

WRS ID number (if applicable): _____

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 _____ on the _____ day of
(Employer name) (City)

_____, 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

Employer representative signature

Number of eligible employees: _____