



**State of Wisconsin**  
**Department of Employee Trust Funds**  
4822 Madison Yards Way  
Madison, WI 53705-9100  
P. O. Box 7931  
Madison, WI 53707-7931

## Appendix 12 Pro Forma Contract

**Commodity or Service:**  
Pension Administration System

**Contract No./Request for Proposal No:**  
ETE0061

**Contract Period:** xxxx - xxxx with the option for renewal for xxxx

1. This Contract is entered into by the State of Wisconsin Department of Employee Trust Funds (Department) and xxx (Contractor). Contractor's address and principal officer appear below. The Department is the sole point of contact for this Contract.
2. Whereby the Department agrees to direct the purchase and Contractor agrees to supply the Contract requirements in accordance with the documents specified in the order of precedence below, which are hereby made a part of this Contract by reference.
3. For purposes of administering this Contract, the order of precedence is:
  - (a) This Contract;
  - (b) Exhibit A, Contract Clarifications;
  - (c) Department Terms and Conditions;
  - (d) Request for Proposal (RFP) ETE0061 dated xxx; and,
  - (e) Contractor's proposal dated xxxx.

**Contract Number & Service: ETE0061 Pension Administration System**

**This Contract shall become effective upon the date of last signature below (the "Effective Date").**

<b>State of Wisconsin Department of Employee Trust Funds</b>
By (Name):
Title: Secretary, Wisconsin Department of Employee Trust Funds
Signature:
Date of Signature:
Phone: (608) 266-9854

<b>Contractor</b>
Legal Company Name:
Trade Name:
Taxpayer Identification Number: xxx
Contractor Address (Street Address, City, State, Zip):
Name & Title (print name and title of person authorized to legally sign for and bind Contractor):
Signature:
Date of Signature:
Email: Phone: