

RESOLUTION NO. 9-2001

A RESOLUTION FOR INCLUSION UNDER THE STATE OF OREGON DEFERRED COMPENSATION PLAN.

The City Council of the City of Milwaukie, Oregon, 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 regulated 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 243.478 (1) of the Oregon Revised Statutes, 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 Trustees of its Plan, pursuant to Section 457 (g) (2) of the Internal Revenue Code (IRC). The Employer certifies it 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 recognizing the PERS Board's responsibility for maintaining the integrity of the Plan, the Governing Body and Employer hereby agree to cooperate fully with the Plan Administrator in accordance with procedures established by PERS in processing requests for withdrawal in case of an unforeseeable emergency as defined in Sec. 457 (b) (5) and Sec. 1.457-2(h) (4) and (5) of the Internal Revenue Code.

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: | City Manager Pro Tem |
| Agent: | Michael F. Swanson |
| Address: | 10722 SE Main Street, Milwaukie, Oregon 97222 |
| Phone Number: | (503) 786-7501 |
| E-mail address: | swansonm@ci.milwaukie.or.us |
| Office Hours: | M - F 8:00 a.m. - 5:00 p.m. |
| Alternate Agent: | Steve Smith, Sr. Accountant |
| Phone Number: | (503) 786-7522 |
| Fax Number: | (503) 652-4433 |


CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the City Council of Milwaukie in Clackamas County on the 20th day of February, 2001, and that this resolution has not been repealed or amended, and is now in full force and effect.

Dated this 20th day of February, 2001.

Governing Body Authorized Signature

Title



Mary King

Council President

Mailing Address: 10722 SE Main Street
Milwaukie, Oregon 97222

NOTIFICATION MEMO

Employer Name: City of Milwaukie Phone Number: (503) 786-7555
Address: 10722 SE Main Street County: Clackamas
City, State, Zip: Milwaukie, Oregon 97222 Federal I.D. 93-6002212

Number of Employees: 147
Employer Representative (Name): Bonnie Shields

PAYROLL DATA

1. Deferral will be submitted by: X Check Wire
2. Normal payday (i.e., every Thursday, every other Friday, etc): 15th and the last day of the month.
 - a) Attach payday schedule for a calendar year
 - b) Number of employees on this pay mode: 83
3. Participants are able to indicate on the Plan and Agreement 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.
 X 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: Bonnie Shields Title: Accounting Technician
5. Payroll Reduction Listing that will be sent prior to each pay day should be sent to:
Name: Bonnie Shields Title: Accounting Technician

OPTIONAL INFORMATION

Copy of your existing Organizational Chart

Information submitted by: Pat DuVal, City Recorder Phone Number: (503) 786-7502

City of Milwaukie

Pay Day Schedule

| | |
|------------------|--------------------|
| January 12,2001 | July 13, 2001 |
| January 31,2001 | July 31, 2001 |
| February 15,2001 | August 15, 2001 |
| February 28,2001 | August 31, 2001 |
| March 15,2001 | September 14, 2001 |
| March 30,2001 | September 28, 2001 |
| April 13,2001 | October 15, 2001 |
| April 30,2001 | October 31, 2001 |
| May 15, 2001 | November 15, 2001 |
| May 31, 2001 | November 30, 2001 |
| June 15, 2001 | December 14, 2001 |
| June 29, 2001 | December 31, 2001 |

ORGANIZATION CHART BY PROGRAM

