

NOTICE OF AUTHORIZED AGENT

An Authorized Agent shall be designated in writing by the Plan's Retirement Committee (governing body) and shall act as the agent of the Employer in matters pertaining to the Plan and the Fund to centralize in one person the local administration and coordination of Plan activities including contribution and payroll information, forms and applications for Plan participants, and to assist Participants, the Employer and Committee regarding Plan matters. Refer to the back of this form or the plan document for specific duties.

Name of Municipality or Municipal Entity _____

Federal Tax I.D. Number _____

Approved Authorized Agent (please print) _____

Title _____

Authorized Agent's Signature _____

Effective Date _____

Mailing Address _____

Phone Number _____

Fax Number _____

E-Mail Address _____

Other Correspondents, title and phone number if different than above:

The undersigned hereby certifies that the foregoing information was introduced before the _____ governing body) of _____, Oklahoma, and was duly approved on the _____ day of _____, 20_____.

City of _____

By: _____

Title: _____

(Mayor or Chairman)

Certified by: _____

Date (Seal)

City Clerk

Excerpt from Section 9.1 (b) of the Master Defined Benefit Plan

Authorized Agent: An Authorized Agent shall be designated in writing by the Committee and shall act as the agent of the Employer (but not the agent of the Trustees or the Trust Service Provider of the Fund) in matters pertaining to the Plan and the Fund, to centralize in one person the local administration and coordination thereof, and to file payroll and contribution information, to file claims, forms and applications for Employees, and to advise Employees, the Employer and the Committee. The Authorized Agent, under the control and direction of the Committee, shall have such general duties as the Employer and the Committee may deem necessary and proper for such purposes, which duties shall include but not be limited to, the following:

1. To coordinate the deduction of Employee contributions and to see that Employer and Employee contributions are properly received as such by the City Treasurer of the Plan and by him forwarded promptly to the Fund for management and investment;
2. To forward any communications directed to Employees and Beneficiaries by the Trustees, the Trust Service Provider or the Fund;
3. To lend assistance to Employees and Beneficiaries in filing applications for benefits, and in communicating with the Employer, the Committee and the Trustees or the Trust Service Provider of the Fund and to forward such communications to the addressees;
4. To keep the Employer and Committee informed regarding Employer contribution rates and funds required to meet the costs of the Plan;
5. To assist the Committee in determining whether or not Employees are eligible for participation in the Plan;
6. To certify at the direction of the Committee that an Employee is on an Authorized Leave of Absence, paid or unpaid; and
7. To file at the direction of the Committee a petition or nomination, and cast a ballot for election of Trustees of the Fund.