

RESOLUTION RELATING TO A MONEY PURCHASE PLAN.

WHEREAS, the City of Albany ("City") has employees rendering valuable services; and

WHEREAS, the establishment of a money purchase retirement plan benefits employees by providing funds for retirement and funds for their beneficiaries in the event of death; and

WHEREAS, the City desires that its money purchase retirement plan be administered by the ICMA Retirement Corporation and that the funds held under such plan be invested in the ICMA Retirement Trust, a trust established by public employers for the collective investment of funds held under their retirement and deferred compensation plans.

NOW, THEREFORE, BE IT RESOLVED by the Albany City Council that the City hereby establishes a money purchase retirement plan (the "Plan") in the form of: (select one)

- The ICMA Retirement Corporation Prototype Money Purchase Plan and Trust, pursuant to the specific provisions of the Adoption Agreement (executed copy attached hereto).
- The Plan and Trust provided by the City (executed copy attached hereto).

The Plan shall be maintained for the exclusive benefit of eligible employees and their beneficiaries; and

BE IT FURTHER RESOLVED that the City hereby executes the Declaration of Trust of the ICMA Retirement Trust, attached hereto, intending this execution to be operative with respect to any retirement or deferred compensation plan subsequently established by the City if the assets of the plan are to be invested in the ICMA Retirement Trust; and

BE IT FURTHER RESOLVED that the City hereby agrees to serve as trustee under the Plan and to invest funds held under the Plan in the ICMA Retirement Trust; and

BE IT FURTHER RESOLVED that the Human Resources Manager shall be the coordinator for the Plan; shall receive necessary reports, notices, etc., from the ICMA Retirement Corporation or the ICMA Retirement Trust; shall cast, on behalf of the City, any required votes under the ICMA Retirement Trust; may delegate any administrative duties relating to the Plan to appropriate department; and

BE IT FURTHER RESOLVED that the City hereby authorizes the Human Resources Manager to execute all necessary agreements with the ICMA Retirement Corporation incidental to the administration of the Plan.

DATED this 13th day of May 1998.

AYES: 6

NAYS: 0

ABSENT: 0

  
 Mayor

ATTEST:

  
 \_\_\_\_\_  
 City Recorder

**PROTOTYPE MONEY PURCHASE  
PLAN & TRUST  
EMPLOYER PLAN  
RETURN BOOKLET**

Complete each form in this booklet and return to us.



**ICMA RETIREMENT CORPORATION**

The public service Vantagepoint since 1972

## USING THIS DOCUMENT

### Prototype Money Purchase Plan & Trust Employer Plan Adoption Booklet

This is one of two booklets containing information to establish your Prototype Money Purchase Plan & Trust with the ICMA Retirement Corporation. Please return the following forms to RC:

1. Completed Resolution.
  - Use the RC Suggested Resolution enclosed.
  - Complete your own Resolution. If you are using your own Resolution, please have it reviewed by RC prior to passage.
2. Adoption Agreement. Complete all sections of the Agreement and execute.
3. Employer Data Form. Complete all sections.
4. Employee Census Form. Complete all sections or, if you prefer, provide the same information on a separate sheet.

Once you are ready to begin completing this information, please contact the Customer Services staff, toll-free at 1-800-326-7272 for assistance.





V. Normal Retirement Age shall be age 58 (not to exceed age 65).

VI. ELIGIBILITY REQUIREMENTS:

1. The following group or groups of Employees are eligible to participate in the Plan:

- \_\_\_\_\_ All Employees
- \_\_\_\_\_ All Full-Time Employees
- \_\_\_\_\_ Salaried Employees
- \_\_\_\_\_ Non-union Employees
- \_\_\_\_\_ Management Employees
- \_\_\_\_\_ Public Safety Employees
- \_\_\_\_\_ General Employees
- X   Other (specify below)
- \_\_\_\_\_ City Manager only

The group specified must correspond to a group of the same designation that is defined in the statutes, ordinances, rules, regulations, personal manuals or other material in effect in the state or locality of the Employer.

2. The Employer hereby waives or reduces the requirement of a twelve (12) month Period of Service for participation. The required Period of Service shall be N/A (write N/A if an Employee is eligible to participate upon employment).

If this waiver or reduction is elected, it shall apply to all Employees within the Covered Employment Classification.

3. A minimum age requirement is hereby specified for eligibility to participate. The minimum age requirement is N/A (not to exceed age 21. Write N/A if no minimum age is declared.)

VII. CONTRIBUTION PROVISIONS

1. The Employer shall contribute as follows (choose one, if applicable):

Fixed Employer Contributions With Or Without Mandatory Participant Contributions.

The Employer shall contribute on behalf of each Participant 3 % of Earnings or \$\_\_\_\_\_ for the Plan Year (subject to the limitations of Article VI of the Plan). Each Participant is required to contribute 0 % of Earnings or \$\_\_\_\_\_ for the Plan Year as a condition of participation in the Plan. (Write "0" if no contribution is required.) If Participant Contributions are required under this option, a Participant shall not have the right to discontinue or vary the rate of such contributions after becoming a Plan Participant.

The Employer hereby elects to "pick up" the Mandatory/Required Participant Contribution.

Yes    N/A     No

[Note to Employer: Neither an opinion letter issued by the Internal Revenue Service with respect to the Prototype Plan, nor a determination letter issued to an adopting Employer is a ruling by the Internal Revenue Service that Participant contributions that are picked up by the Employer are not includable in the Participant's gross income for federal income tax purposes. The Employer may seek such a ruling.

Picked up contributions are excludable from the Participant's gross income under section 414(h)(2) of the Internal Revenue Code of 1986 only if they meet the requirements of Rev. Rul. 81-35, 1981-1 C.B. 255. Those requirements are (1) that the Employer must specify that the contributions, although designated as employee contributions, are being paid by the Employer in lieu of contributions by the employee; and (2) the employee must not have the option of receiving the contributed amounts directly instead of having them paid by the Employer to the plan.]

Fixed Employer Match of Participant Contributions.    N/A

The Employer shall contribute on behalf of each Participant \_\_\_% of Earnings for the Plan Year (subject to the limitations of Articles V and VI of the Plan) for each Plan Year that such Participant has contributed \_\_\_% of Earnings or \$\_\_\_\_. Under this option, there is a single, fixed rate of Employer contributions, but a Participant may decline to make the required Participant contributions in any Plan Year, in which case no Employer contribution will be made on the Participant's behalf in that Plan Year.

Variable Employer Match Of Participant Contributions.

The Employer shall contribute on behalf of each Participant an amount determined as follows (subject to the limitations of Articles V and VI of the Plan):

N/A % of the Participant contributions made by the Participant for the Plan Year (not including Participant contributions exceeding \_\_\_% of Earnings or \$\_\_\_\_\_);

PLUS N/A % of the contributions made by the Participant for the Plan Year in excess of those included in the above paragraph (but not including Participant contributions exceeding in the aggregate \_\_\_% of Earnings or \$ N/A ).

Employer Contributions on behalf of a Participant for a Plan Year shall not exceed \$ N/A or \_\_\_% of Earnings, whichever is  more or  less.

2. Each Participant may make voluntary (unmatched), after-tax contribution, subject to the limitations of Section 4.05 and Articles V and VI of the Plan.

Yes  No

3. Employer contributions and Participant contributions shall be contributed to the Trust in accordance with the following payment schedule:

monthly beginning with May 1998 payroll period

### VIII. EARNINGS

Earnings, as defined under Section 2.09 of the Plan, shall include:

(a) Overtime

Yes  No N/A

(b) Bonuses

Yes  No N/A

### IX. LIMITATION ON ALLOCATIONS

If the Employer (i) maintains or ever maintained another qualified plan in which any Participant in this Plan is (or was) a participant or could possibly become a participant, and/or (ii) maintains a welfare benefit fund (as defined in section 419(e) of the Code) or an individual medical account (as defined in section 415(1)(2) of the Code, under which amounts are treated as Annual Additions with respect to any Participant in this Plan) the Employer hereby agrees to limit contributions to all such plans as provided herein, if necessary in order to avoid excess contributions (as described in Sections 6.03 and 6.04 of the Plan).

1. If the Participant is covered under another qualified defined contribution plan maintained by the Employer, other than a Regional Prototype Plan, the provisions of Section 6.02(a) through (f) of the Plan will apply as if the other plan were a Master Prototype Plan, unless another method has been indicated below.

Other Method. (Provide the method under which the plans will limit total Annual Additions to the Maximum Permissible Amount, and will properly reduce any excess amounts, in a manner that precludes Employer discretion.)

N/A



2. If the Participant is or has ever been a participant in a defined benefit plan maintained by the Employer, and if the limitation in Section 6.04 of the Plan would be exceeded, then the Participant's Projected Annual Benefit under the defined benefit plan shall be reduced in accordance with the terms thereof to the extent necessary to satisfy such limitation. If such plan does not provide for such reduction, or if the limitation is still exceeded after the reduction, annual additions shall be reduced to the extent necessary in the manner described in Sections 6.01 through 6.03. The methods of avoiding the limitation described in this paragraph will not apply if the Employer indicates another method below.

Other Method. (Note to Employer: Provide below language which will satisfy the 1.0 limitation of section 415(e) of the Code. Such language must preclude Employer discretion. See section 1.415-1 of the Regulations for guidance.)

N/A

3. The limitation year is the following 12-consecutive month period: N/A

X. VESTING PROVISIONS

The Employer hereby specifies the following vesting schedule, subject to (1) the minimum vesting requirements as noted and (2) the concurrence of the Plan Administrator.

<u>Years of Service Completed</u>	<u>Specified Percent Vesting</u>	<u>Minimum Vesting Requirements**</u>
Zero	<u>100</u> %	No minimum
One	<u>      </u> %	No minimum
Two	<u>      </u> %	No minimum
Three	<u>      </u> %	Not less than 20%
Four	<u>      </u> %	Not less than 40%
Five	<u>      </u> %	Not less than 60%
Six	<u>      </u> %	Not less than 80%
Seven, or more	<u>100</u> %	Must equal 100%

(\*\*These minimum vesting requirements conform to the Code's three to seven year vesting schedule. If the employee becomes 100% vested by the completion of five years of service, there is no minimum for years three and four.)

XI. Loans are permitted under the Plan, as provided in Article XIV:

Yes    N/A     No

- XII. The Employer hereby attests that it is a unit of state or local government or an agency or instrumentality of one or more units of state or local government.
  - XIII. The Prototype Sponsor hereby agrees to inform the Employer of any amendments to the Plan made pursuant to Section 15.05 of the Plan or of the discontinuance or abandonment of the Plan.
  - XIV. The Employer hereby appoints the Prototype Sponsor as the Plan Administrator pursuant to the terms and conditions of the ICMA RETIREMENT CORPORATION PROTOTYPE MONEY PURCHASE PLAN & TRUST.
- The Employer hereby agrees to the provisions of the Plan and Trust.
- XV. The Employer hereby acknowledges it understands that failure to properly fill out this Adoption Agreement may result in disqualification of the Plan.
  - XVI. An adopting Employer may not rely on a notification letter issued by the National or District Office of the Internal Revenue Service as evidence that the Plan is qualified under section 401 of the Internal Revenue Code. In order to obtain reliance with respect to plan qualification, the Employer must apply to the appropriate key district office for a determination letter.

This Adoption Agreement may be used only in conjunction with basic Plan document number 001.

In Witness Whereof, the Employer hereby causes this Agreement to be executed on this 14th day of May, 1998.

EMPLOYER

By: [Signature]

Title: Human Resources Manager

Attest: [Signature]  
City Clerk

Accepted: ICMA RETIREMENT CORPORATION

By: \_\_\_\_\_

Title: Corporate Secretary

Attest: \_\_\_\_\_

RC  
PERFORMANCE  
PLAN

# 401 QUALIFIED PLAN EMPLOYER DATA FORM

• Instructions to Employer: Provide necessary information to establish your plan properly. Please contact Client Services at 1-800-326-7272, if you have any questions.



RC Use Only

1. Employer Number

**General  
Plan  
Information**

2. Employer's Full Name (City of, County of, etc.) City of Albany
3. Employer's Mailing Address P.O. Box 490
4. City Albany 5. State OR 6. Zip Code 97321-0144
7. Employer's Federal Tax Identification Number 93-6002114
8. Number of Employees 277
9. Number of Employees Eligible for Plan 1
10. Last Month of Plan Year (write in month 01-12) 12/98

**Contact  
Information**

11. Title (not name) of Plan's Primary Contact Person Human Resources Manager  
Primary Contact Person will automatically receive all RC correspondence, reports, and bulletins  
Telephone ( 541 ) 917-7506
12. Title (not name) of Contact Person for Benefit Payments Administrative Services Supervisor  
Telephone ( 541 ) 917- 7508  
 Check here if Contact Person for Benefit Payments should receive RC correspondence, reports and bulletins
13. Title (not name) of Contact Person for Contributions Accounting Specialist  
Telephone ( 541 ) 917-7523  
 Check here if Contact Person for Contributions should receive RC correspondence, reports, and bulletins

Note: If neither of the boxes in 12 or 13 is checked, default correspondent will be Plan Coordinator named in the resolution.

**Implementation  
of Plan**

14. Contribution Frequency (check one):  (W) Weekly  (M) Monthly  Other (specify)  
 (B) Biweekly  (S) Semi-monthly
15. Contribution Data Format (check one):  (T) Tape  (QD) QUICK DISK  (E) EDT  
 (C) Contribution Statement  (D) Diskette
16. First pay date following plan implementation May 1998
17. Are employees covered by the plan also covered by another qualified plan?  Yes  No





ICMA RETIREMENT CORPORATION  
P.O. BOX 96220  
WASHINGTON, DC 20090-6220  
1-800-326-7272  
BRC1A1-005-9709