

**AFFIRMATIVE STATEMENT FOR ADOPTING A SECTION 401 MONEY PURCHASE PLAN  
PURSUANT TO RESOLUTION NO. \_\_\_\_\_ BY THE MAYOR AND CITY COUNCIL OF THE CITY OF  
CARTERSVILLE, STATE OF GEORGIA**

**Plan Number: 10** \_\_\_\_\_

WHEREAS, the City of Cartersville, a municipal corporation of the State of Georgia (hereinafter referred to as "Employer") has employees rendering valuable services; and

WHEREAS, the establishment of a profit-sharing retirement plan serves the interest of the Employer by enabling it to provide reasonable retirement security for its employees, by providing increased flexibility in its personnel management system, and by assisting in the attraction and retention of competent personnel; and

WHEREAS, the Employer hereby adopts or has previously adopted the Declaration of Trust of Vantage Trust, intending this execution to be operative with respect to any retirement or deferred compensation plan subsequently established, if the assets of the plan are to be invested in the Vantage Trust;

NOW THEREFORE, as a duly authorized agent of the Employer, I hereby:

ESTABLISH the Employer's 401(a) money purchase plan (the "Plan") in the form of:

- The ICMA Retirement Corporation 401 Governmental Money Purchase Plan and Trust; or
- The plan provided by the Employer (executed copy attached hereto).

SPECIFY that the assets of the Plan shall be held in trust, with the Employer serving as trustee ("Trustee"), for the exclusive benefit of the Plan participants and their beneficiaries. The assets shall be invested in the Vantage Trust, and shall not be diverted to any other purpose. The Employer's beneficial ownership of Plan assets held in the Vantage Trust shall be held for the further exclusive benefit of the Plan participants and their beneficiaries;

SPECIFY that the \_\_\_\_\_ (title) shall be the coordinator for the Plan; shall receive reports, notices, etc., from the ICMA Retirement Corporation or the Vantage Trust; shall cast, on behalf of the Employer, any required votes under the Vantage Trust; may delegate any administrative duties relating to the Plan to appropriate departments; and is authorized to execute all necessary agreements with the ICMA Retirement Corporation incidental to the administration of the Plan; and

AFFIRM that the Employer hereby agrees to serve as Trustee under the Plan.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Title of Designation Agent)

\_\_\_\_\_  
(Signature)