

SCHEDULE "F"

JURISDICTION NAME: Effingham County				
DC Program	401(a) Plan 457(b) Plan Senion	or Management 401(a) P	lan
one such individual forth below and cer	ary 1, 2022, the may provide direction us need provide any direction tified to be such. The Emin accordance with any e Plan(s).	on. The signature of a ployer hereby certification in the control of the control	of each designated indi- fies that it has the author	vidual is also set ority to designate
1) Name:	<u>Reginald</u>	Lope	<u>er</u>	
Title:	<u>Commissioner,</u>	District	4	
Email Address: comm.rsloper.dist4@gmail.com				
Signature:				
2) Name:	<u>Jamie</u>	DeLoad	ch	
Title:	<u>Commissioner,</u>	District	3	
Email Addre	_{ess:} <u>ideloachdistric</u>	t3@gmail.co	<u>om</u>	
Signature:_				
3) Name:	<u>Forrest</u>	Floy	yd	
Title:	Commissioner,	District	1	
Email Address: ffloyd@effinghamcounty.org				
Signature:				
	on each designation set for termination of authority of			nployer delivers
JURISDICTION	MANAGEMENT APPR	OVAL		
By:				
Title: Chairma	n			