

SCHEDULE “B”
EFFINGHAM COUNTY FEE SCHEDULE

Asset Based Fees- Amended Effective January 1, 2023

Effingham County participants will pay no Asset Bases Fees or Annual Participant Fees. These fees will be billed directly to the County in quarterly increments. Participants will be charged the Inactive Participant Fee, where applicable.

Asset-Based Fee Based on Jurisdiction’s Total Assets* (in basis points)

Portion of Participant Account Balance**	Jurisdiction’s Total Assets			
	Less than \$1 million	Between \$1 million and \$5 million	Between \$5 million and \$10 million	Greater than \$10 million
First \$5,000	200	175	140	125
Next \$5,000	175	150	100	75
Next \$15,000	25	20	15	10
Over \$25,000	0	0	0	0

*Total combined assets of the Plan(s) shall be evaluated at each calendar year end.

**Participant Account Balance is based on the average daily balance during the preceding quarter.

Other Fees

Account Establishment Fee:	None
Miscellaneous Fees:	
Annual Participant Fee:	Annual fee of \$20.00 per Participant assessed quarterly
Inactive Participant Fees†:	Annual fee of \$50.00 per Participant assessed quarterly (waived for account balances greater than \$25,000)
Investment Allocation Changes:	\$10.00 per change if not completed through the automated telephone or electronic communication system
Non-electronic Payroll Processing:	\$1.00 per Participant per payroll
Manual transactions/large quantity:	To be negotiated as needed
Employer multiple site payrolls:	\$100.00 per additional site
Errors not caused by ACCG:	To be negotiated as needed
Employer requested special projects:	To be negotiated as needed

†Any Participant maintaining an account balance with no new contributions during any calendar quarter shall be charged an Inactive Participant fee.

ACCG may once each calendar year amend this Schedule "B" upon one hundred and twenty (120) days prior written notice to the Employer.

We have read and understand the above Schedule "B" and agree to its terms as evidenced by the signatures set forth below.

EMPLOYER

**ASSOCIATION COUNTY
COMMISSIONERS OF GEORGIA**

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____