ADOPTION AGREEMENT AMENDMENT #1 ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA 401(a) DEFINED CONTRIBUTION PLAN FOR EFFINGHAM COUNTY EMPLOYEES

WHEREAS, Effingham County, Georgia (the "Employer") established the ACCG 401(a) Defined Contribution Plan for Effingham County Employees (the "Plan") through an Adoption Agreement that was first effective as of December 1, 2000, and was most recently amended and restated effective as of January 1, 2022.

WHEREAS, Section 13.01 of the Plan allows the Employer to amend the elective provisions of the Adoption Agreement; and

WHEREAS, the Employer desires to amend the Adoption Agreement to fully vest the current County Manager as of January 1, 2023.

NOW, THEREFORE, the Adoption Agreement is hereby amended effective as of January 1, 2023, as follows:

1.

Section 6.02 of the Additional Provisions Addendum, Vesting Schedule, shall be restated as follows effective as of January 1, 2023:

6.02 VESTING SCHEDULE

Additional rows may be added to any option to the extent permissible under the Plan document. Any cliff vesting schedule must be at least as favorable as 15-year cliff (20-year cliff for a class in which substantially all of the participants are qualified public safety employees as defined in Internal Revenue Code Section 72(t)(10)(B)), Any graded vesting schedule must be at least as favorable as 5-20 year graded.

Vesting for Employer Basic Contribution

This Vesting Schedule for Basic Contributions Additional Provisions Addendum applies to: **the Participant who holds the position of County Manager as of January 1, 2023.** (Employees may not be included or excluded by name, but only by employee classification (which may be modified to include specific dates) or job title, and only if the employee classification or job title satisfies the definitely determinable requirement under Treasury regulation 1.401-1(a)(2).

Percent Vested in Account

 [X]
 100% Vesting immediately upon Entry Date

 [--]
 Full Years of Service With the Employer

[]	Full Teals of Service with the Employer	Fercent vested in Account
	Less than () years	0 %
	() years or more	100 %
[]	Full Years of Service With the Employer	Percent Vested in Account
	<pre>years years years years years years</pre>	% % %
	years	%

____ years or more

__%

Vesting for Employer Discretionary Contribution

This Vesting Schedule for Employer Discretionary Contributions Additional Provisions Addendum applies to: _

(Employees may not be included or excluded by name, but only by employee classification (which may be modified to include specific dates) or job title, and only if the employee classification or job title satisfies the definitely determinable requirement under Treasury regulation 1.401-1(a)(2).

[]	100% Vesting immediately upon Entry Date	
[]	Full Years of Service With the Employer	Percent Vested in Account
	<pre>years years years years years years years years years or more</pre>	% % % %
Less th	nan () ye ars	0 %
	() years or more	100 %

Vesting for Employer Matching Contribution

This Vesting Schedule for Employer Matching Contributions Additional Provisions Addendum applies to: **the Participant who holds the position of County Manager as of January 1, 2023.** (Employees may not be included or excluded by name, but only by employee classification (which may be modified to include specific dates) or job title, and only if the employee classification or job title satisfies the definitely determinable requirement under Treasury regulation 1.401-1(a)(2).

[X]	100% Vesting immediately upon Entry Date

Full Years of Service With the Employer	Percent Vested in Account
<pre>years years years years years years years years years years </pre>	% % % %
Less than () years	0 %
() years or more	100 %
	<pre>years years years years years or more Less than(_) years</pre>

Affected Employees:	County Manager in Office as of January 1, 2023
Employees Affected:	
Amendment Effective Date:	January 1, 2023

IN WITNESS WHEREOF, the Employer has caused its duly authorized officer to execute this Amendment on the date noted below.

EFFINGHAM COUNTY, GEORGIA

By: _____

Title: ______

Date: _____