

EMPLOYER SIGNATURE PAGE

PURPOSE OF EXECUTION. This Signature Page is being executed to effect:

- (a) The adoption of a **new plan**, effective _____ [insert Effective Date of Plan].
- (b) The **restatement** of an existing plan, effective 1-1-2009 [insert Effective Date of Plan].
 - (1) Name of Plan(s) being restated: Barton County Community College 403(b) Plan.
 - (2) The original effective date of the plan(s) being restated: 2-1-1994
- (c) An **amendment** of the Plan. If this Plan is being amended, the updated pages of the Adoption Agreement may be substituted for the original pages in the Adoption Agreement. All prior Employer Signature Pages should be retained as part of this Adoption Agreement.
 - (1) Identify the section(s) of the Adoption Agreement being amended: _____
 - (2) Effective Date(s) of such changes: _____
- (d) To identify a **Successor Employer**. Check this selection if a successor to the signatory Employer is continuing this Plan as a Successor Employer. Complete this Employer Signature Page and substitute a new page 1 under this Adoption Agreement to identify the Successor Employer. All prior Employer Signature Pages should be retained as part of this Adoption Agreement.
 - (1) Effective Date of the amendment is: _____

[Note: It is recommended that the Employer consult with legal counsel before executing this Agreement.]

Barton County Community College
(Name of Employer)

Carl Heilman President
(Name of authorized representative) (Title)

X X
(Signature) (Date)

CERTIFICATE

I, Carl Heilman, President of Barton County Community College, do hereby certify that the following resolutions were, upon motion duly made seconded and unanimously carried, adopted:

RESOLUTION

BE IT RESOLVED, that the Barton County Community College 403(b) Plan, is hereby amended in its entirety effective as of January 1, 2009, in accordance with the instrument attached hereto and made a part of the minutes of this meeting.

RESOLVED FURTHER, that the President is hereby authorized and instructed to execute said Plan Agreement for and on behalf of the organization.

IN WITNESS WHEREOF, I have hereunto set my hand this ✓ _____ day of _____, _____,

✓

President

PLAN PROVISION CHANGES

If your plan document had the following plan provisions, they have been amended and will be effective with this restatement.

Section(s)

**3 - 1
Excluded Employees** Collectively Bargained Employees, Leased Employees and Highly Compensated Employees can no longer be excluded from Salary Deferral Contributions

**6A - 2
Maximum Limit on Salary
Deferrals** A Participant may defer an amount up to the Elective Dollar limit and the Code §415 Limitations.

**6A - 3
Minimum Deferral Rate** No minimum deferral rate is applicable to Salary Deferrals.