



JOHN ENGLER
Governor

OFFICE OF RETIREMENT SERVICES

JUDGES RETIREMENT SYSTEM PUBLIC SCHOOL EMPLOYEES RETIREMENT SYSTEM
STATE EMPLOYEES RETIREMENT SYSTEM STATE POLICE RETIREMENT SYSTEM
DEFINED CONTRIBUTION PLAN DEFERRED COMPENSATION PLANS
PO Box 30171, Lansing, MI 48909-7671 <http://www.state.mi.us/dmb/ors/>
Telephone: 517-322-5103 Outside Lansing: 800-381-5111

RESOLUTION OF ACKNOWLEDGMENT

The undersigned, being an authorized representative of _____ county, hereby acknowledges its designation as a participating "Employer" in the State of Michigan Deferred Compensation Plan II defined contribution plan by the Plan Administrator effective October 1, 1997.

Dated: _____

(name of county)

(signature)

By: _____
(print name)

Its: _____
(print title)

Please return executed copy of this resolution to:

Report Processing Unit
Office of Retirement Services
7150 Harris Drive
P.O. Box 30171
Lansing, MI 48909