

E-18530  
#-4



We help people retire well.®

## Retirement SOLUTIONS

### Governmental 457 Deferred Compensation Plan and Custodial Account Agreement Employer Adoption Agreement

The undersigned Employer hereby adopts an eligible deferred compensation plan in the form of the Retirement SOLUTIONS Eligible Deferred Compensation Plan & Custodial Account, which is attached hereto and agrees that the following definitions, elections, and terms shall be a part of such plan

#### 1. GENERAL INFORMATION

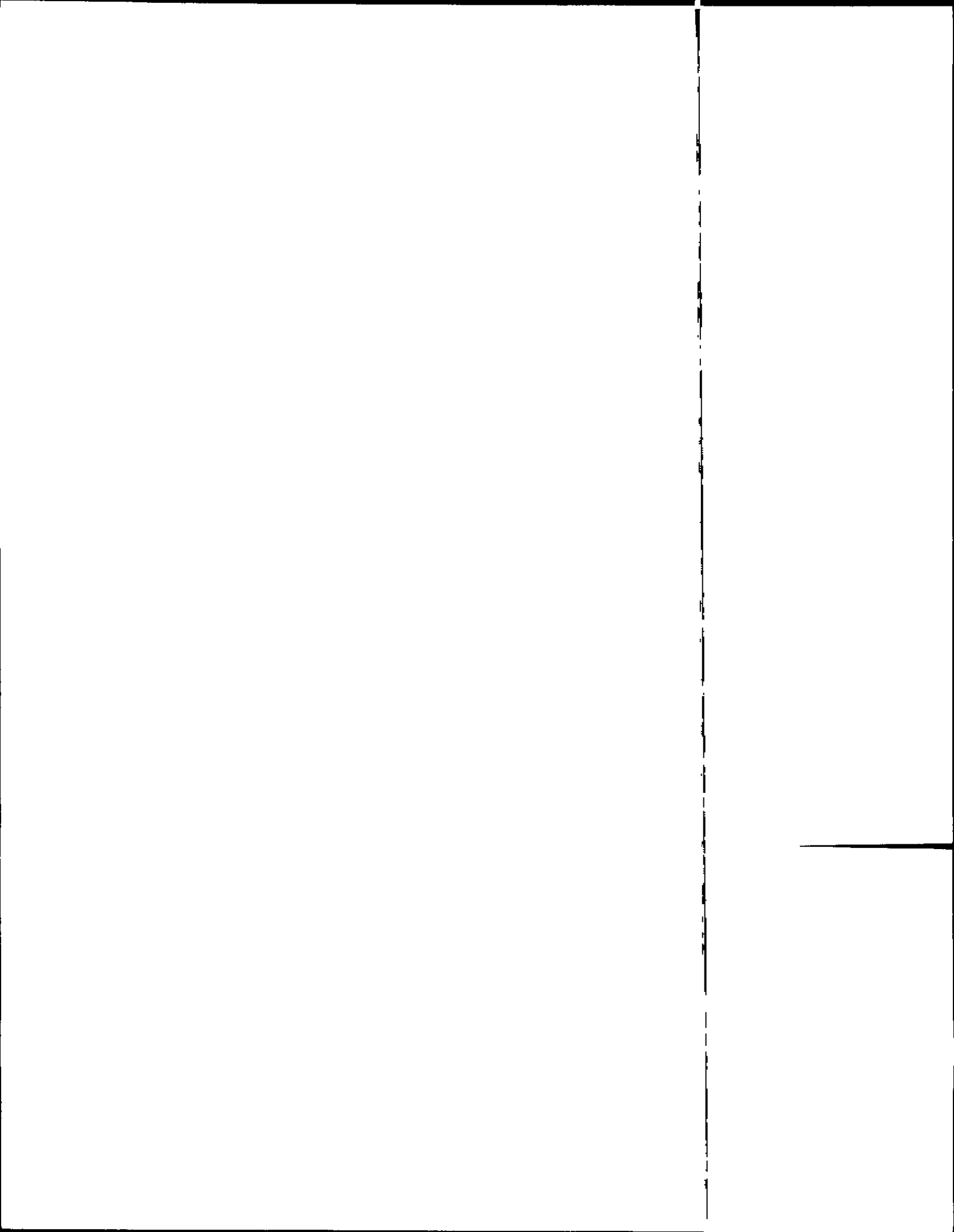
1. Employer Name \_\_\_\_\_  
Address: UPPER GWYNEDD - TOWAMENCIN  
City 215- MUNICIPAL AUTHORITY State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #. 855-8165 2225 KRIEBEL ROAD EIN. 23-1701100  
2. Name of Plan: LANSDALE, PA 19446 UGTMA Pension Trust  
3. Custodian: UMB Bank, n a  
4. Sponsor Lincoln Investment Planning, Inc  
5. Plan Administrator: Employer

#### 2. PLAN PROVISIONS

1. "Normal Retirement Age" under the Plan means (choose one):  
\_\_\_\_ a Age \_\_\_\_  
\_\_X\_\_ b The later of:  
(1) The latest normal retirement age specified in the Employer's basic pension plan, or  
(2) Age 65  
\_\_\_\_ c Any age selected by the Employee from age \_\_\_\_ to age 70 ½ The age inserted can be no less than the earliest age at which a Participant has the right to retire under the Employer's basic pension plan without consent of the Employer and to receive immediate retirement benefits with actuarial or similar reduction because of retirement before some later age specified in the Employer's basic pension plan
2. This Plan shall be governed by the laws of the State of PA
3. Employer has completed and signed this Adoption Agreement in order to (choose one)  
\_\_\_\_ a Establish a new plan. The effective date of the Plan is \_\_\_\_\_, 20\_\_\_\_  
\_\_X\_\_ b Amend and restate its previously-adopted Eligible Deferred Compensation Plan in the form of this Plan. The effective date of this restatement is January 1, 2005
4. The term Employee \_\_\_\_ shall \_\_X\_\_ shall not include independent contractors who perform services for the Employer

#### 3. SIGNATURE

Name of Employer. UGTMA  
Employer's Signature. Geoffrey Smith Date 12/19/05  
Print Name of Signer Geoffrey Smith Title Manager



## Agreement to Establish Employee Accounts Through An Eligible Governmental 457 Deferred Compensation Plan

EMPLOYER agrees that Eligible 457 employee accounts shall be made available through LINCOLN INVESTMENT PLANNING, INC. ("Lincoln") for all employees who execute a valid salary deferral agreement and account application. To facilitate this intent, EMPLOYER does hereby authorize Lincoln to act as agent for the EMPLOYER in any purchases, sales, transfers or other transactions necessary for the establishment, execution, and maintenance of accounts purchased or sold through Lincoln. EMPLOYER certifies adoption of this plan has been either approved by the Board or received appropriate authorization as recommended by legal counsel. EMPLOYER hereby certifies and warrants that it qualifies as a governmental organization eligible to offer this 457 to its employees.

### 1. AGREEMENT

EMPLOYER and Lincoln agree to the following:

- 1 Lincoln shall offer only plans that comply with the provisions of Section 457 of the Internal Revenue Code of 1986, as amended, any regulations issued thereunder, and any other relevant Federal or State Law. Such custodial accounts shall be available to the Employer for any legally eligible employee electing to participate.
- 2 Lincoln and its representatives shall comply with all pertinent written directives regarding the solicitation of employees of the Employer.
- 3 Lincoln will indemnify and hold harmless the Employer, and any individual member of the governing board, representatives and employees from every claim, demand and suit which may arise out of, be connected with, or be made by reason of Lincoln's negligence or Lincoln's failure to meet the requirements of this Agreement. Notwithstanding the preceding, this indemnification shall not cover any claim or demand based on erroneous information provided by the Employer, its representatives or employees.
- 4 Lincoln at its own expense and risk, shall defend any court proceeding that may be brought against the Employer, any of its officers, representatives and employees on any claims or demands covered by this Agreement, and shall satisfy any judgment with respect of such claim or demand, provided that the Employer notifies Lincoln, in writing, within 10 business days of receipt of such claim or demand.
- 5 This Agreement may be modified amended or terminated upon thirty (30) days written notice to the other party, provided that no such modification, amendment or termination shall affect any liability incurred prior to such modification, amendment or termination.
- 6 It is understood that this Agreement shall govern and apply only to sales of Eligible Governmental 457 Deferred Compensation Plans made by Lincoln's representative to employees of the Employer.
- 7 All notices and/or written communication between the parties shall be mailed or delivered to the addresses set forth below unless otherwise directed, in writing, by either party.
- 8 Employer shall permit reasonable access to employees for the purpose of enrolling individuals in the plan, completing necessary paperwork and calculating the maximum contribution limits under Section 457(b)(2) and (3) of the Internal Revenue Code, and
- 9 Employer is responsible for implementing the salary deferral agreements no earlier than the first day of the month following the date of the employee's election to participate in the plan. Employer is also responsible for withholding employee deferrals from current compensation and transmitting such amounts, plus employer contributions, if any, to Lincoln in accordance with Employee instructions.

### 2. SIGNATURES

To evidence their mutual understanding and acceptance to the terms of this Agreement, the parties do authorize and execute this Agreement.

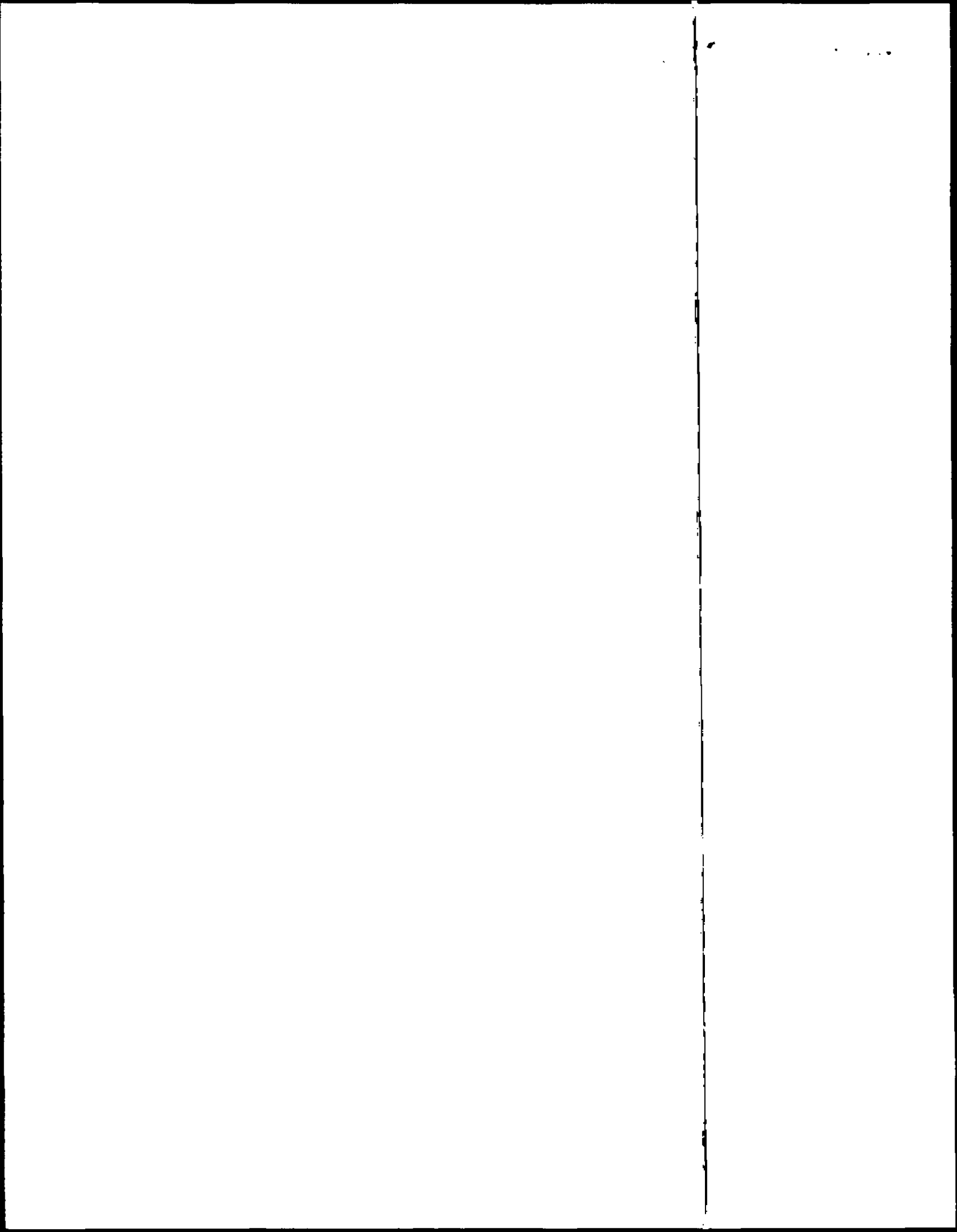
Employer UPPER GWYNEDD - TOWAMENCIN  
(Print Name)  
Address MUNICIPAL AUTHORITY  
2225 KRIEBEL ROAD  
LANSDALE, PA 19446  
Phone 215-855-8165  
Authorized Signature R. M. Duffy  
Date 11/18/04  
Print Name Robert M. Duffy  
Title Manager

LINCOLN INVESTMENT PLANNING, INC.

Attn: Retirement Services  
218 Glenside Avenue  
Wyncote, PA 19095  
800/242-1421  
Fax: 215/885-8113

[Signature]  
Emilio Primus  
Vice President, Operations

Date 12/3/04





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## Employer Data Report-Eligible Governmental 457 Deferred Compensation Plan

### 1. INSTRUCTIONS

To: Financial Representative

Please review all questions in this document before beginning to answer. This will enable you to understand the type of information you need to collect. After consultation with the Employer, complete all Sections. Submit the completed report to your Manager or Designated Supervisor for their signature prior to forwarding to Retirement Services.

**Need Assistance?** Call Retirement Services with any questions you may have at 800-242-1421, ext 1803

### 2. EMPLOYER DATA

UPPER GWYNEDD - TOWAMENCIN

1 Employer Name	MUNICIPAL AUTHORITY		
2 Address	2225 KRIEBEL ROAD		
E-Mail	LANSDALE, PA 19446		
Phone #	215-855-8165	Website	none
Fax #	215-855-2375		
3 Employer Tax ID (EIN)	23-1701100		
4 Total # of eligible employees	15		
5 Payroll Contact	Cynthia Derr	Title	Adm. Asst.
Phone #	same	Fax #	same
E-Mail	vgtma@comcast.net		
6 Non-Payroll Contact	Robert Duffy	Title	manager
Phone #	same	Fax #	same
E-Mail	same		
7 Authorized Signer for Distributions/Transfers/Rollovers	Robert Duffy		

### 3. PAYROLL REMITTANCE

1 Who sends remittance to Lincoln Investment Planning, Inc.?	a <input checked="" type="checkbox"/> Employer b <input type="checkbox"/> Third Party Remitter c <input type="checkbox"/> Not Applicable - Direct to Provider		
If Third Party Remitter, provide			
Name	n/a		
Address			
Phone #		Fax #	
Contact Name			
2 In what form will the remittances be sent to Lincoln Investment Planning, Inc.?	a <input checked="" type="checkbox"/> Check b <input type="checkbox"/> Bank Wire		
3 First Pay Date for which 457 contributions will be sent.	12/15/04		
4 Pay/Remittance Schedule			
	NUMBER OF PAYS	NUMBER OF SALARY REDUCTIONS	NUMBER OF REMITTANCES
Schedule 1	52/yr.	TBD	12/yr.
Schedule 2			
Schedule 3			
5 In what form will contribution information be sent?	a <input type="checkbox"/> Internet E-mail* b <input type="checkbox"/> Diskette* c <input checked="" type="checkbox"/> Paper (Inform Employer that Alpha sorting by Employee Name is the required format)		
*Retirement Services will provide format information to the employer contact. Please indicate the employer contact			
Name	Robert Duffy		
Phone #	same	Fax #	same



#### 4. PRODUCT PROVIDERS

- 1 Is Lincoln Investment Planning, Inc. the exclusive product provider for this Plan? ☒ Yes ☐ No
- 2 Are you using Retirement Solutions Governmental 457 Plan? ☒ Yes ☐ No
- 3 Does the Employer impose any product restrictions? ☐ Yes ☒ No  
If "Yes", please provide details:

300P570410025764 0:57

#### 5. PAPERWORK REQUIREMENTS

- 1 Does the Employer permit the use of Lincoln's "457 Salary Deferral Agreement" (SDA) form? ☒ Yes ☐ No
- 2 Please note any other information that may be relevant about this Employer's procedures or any special operational needs

Financial Representative(s) assigned to work this contract:

FINANCIAL REP NAME	REP #
1. ALBERTO E GAGLIANESE	6835
2.	
3.	
4. LINCOLN INVESTMENT PLANNING, INC. 6111 MAIN STREET VOORHEES, NJ 08043-4605	

Branch Office

Branch #

19

Manager or Designated Supervisor Sign

Completed by:

(Print Name)

Date

11/23/04





**Governmental 457 Deferred Compensation Custodial  
 Account Agreement and Employer Adoption Agreement**

The undersigned Employer hereby adopts an eligible deferred compensation plan in the form of the Retirement SOLUTIONS Eligible Deferred Compensation Plan & Trust, which is attached hereto and agrees that the following definitions, elections, and terms shall be a part of such plan

**UPPER GWYNEDD - TOWAMENCIN  
 MUNICIPAL AUTHORITY**

**1. GENERAL INFORMATION**

- 1 Employer Name UPPER GWYNEDD - TOWAMENCIN MUNICIPAL AUTHORITY  
 Address 2225 KRIEBEL ROAD  
LANSDALE, PA 19446  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # 215-855-8165 EIN 23-1701100  
 2 Name of Plan Upper Gwynedd-Towamencin Pension Trust  
 3 Custodian UMB Bank, n.a  
 4 Sponsor Lincoln Investment Planning, Inc  
 5 Plan Administrator Employer

**2. PLAN PROVISIONS**

- 1 "Normal Retirement Age" under the Plan means the later of  
 (1) The latest normal retirement age specified in the Employer's basic pension plan OR (2) Age 65  
 2 This Plan shall be governed by the laws of the State where the custodian resides  
 3 Employer has completed and signed this Adoption Agreement in order to (choose one)  
 \_\_\_\_\_ a Establish a new plan The effective date of the Plan is \_\_\_\_\_, 20\_\_\_\_\_  
☒ b Amend and restate its previously-adopted Eligible Deferred Compensation Plan in the form of this Plan The effective date of this  
 restatement is 12/14/04, 20\_\_\_\_\_  
 4 The term Employee \_\_\_\_\_ shall ☒ shall not include independent contractors who perform services for the Employer

**3. CONTRIBUTIONS**

This Plan shall accept the following contributions

- 1 Salary Deferrals - A Participant may defer up to the following amount of compensation into this Plan (select one option)  
 \_\_\_\_\_ a \_\_\_\_\_ % of annual compensation  
 \_\_\_\_\_ b \$ \_\_\_\_\_ per year  
☒ c The maximum permitted by law

**4. SIGNATURE**

Name of Employer Upper Gwynedd-Towamencin Municipal Authority  
 Employer's Signature R. M. Duffy Date 11/18/04  
 Print Name of Signer Robert M. Duffy Title manager





1698  
Direct

## Adoption Agreement to Establish a Tax Shelter Investment Account pursuant to Section 403(b)(7) and/or 403(b) of the Internal Revenue Code

The employer hereby establishes a 403(b) and/or 403(b)(7) account with the Mutual Funds that have Custodial Accounts and the Insurance Companies with Insurance Company Annuity Contracts. Such accounts are to be purchased through Lincoln Investment Planning, Inc. The employer authorizes Lincoln to act as agent for the employer and enroll all employees who execute a Salary Reduction or Transfer Agreement. The establishment of these accounts is subject to the terms and conditions of the agreements of the selected Mutual Fund or Insurance Company. The employer acknowledges that they are an organization defined in Section 501(c)(3) of the Internal Revenue Code exempt from tax under Section 501(a) or a public educational institution as defined in Section 170(b)(1)(A)(ii) of the Internal Revenue Code.

**The employer indicates that they are one of the following types of 501(c)(3) organizations:**

☐ Educational Institution  
☐ Church  
☐ Church Organization  
☐ Health & Welfare Service Agency  
☐ Home Health Service Agency  
☐ Hospital  
☐ None of the Above\*

*If no box is checked, we  
will assume that the  
Employer is NOT eligible  
for catchup provision.*

Effective Date of Plan: \_\_\_\_\_

Employer: \_\_\_\_\_

UPPER GYWNEDD - TOWAMENCIA Municipal Authority

Authorized Signature: \_\_\_\_\_

\*See last page

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Broker/Dealer Member of the NASD

The Forst Pavilion, 218 Glenside Avenue, Wyncote, PA 19095-1595 Phone: (215) 887-8111 Fax: (215) 885-8113 L-64 3/93



457 plan

## Administrative Data Form

Please complete the following information in detail.

Date: 7/11/95

### Send Billing to:

Exact Employer Name: Upper-Merioneth - Towan Municipal  
Tax I.D. Number: 23-2801783  
Address: 2235 Kriebel Rd  
Leinsdale, PA 19446  
Person to Contact: Dennis Alig  
Department/Title: \_\_\_\_\_  
Phone Number: (215) 855-8165

### For Payroll Reductions:

1. Reductions are made for employees: \_\_\_\_\_ 26 pays  
\_\_\_\_\_ 24 pays  
\_\_\_\_\_ 20 pays  
52 Other (specify) \_\_\_\_\_

2. Payments are remitted: ☒ Once a month  
\_\_\_\_\_ Each pay  
\_\_\_\_\_ Other

3. Will employee and contribution information be sent by: \_\_\_\_\_ Hard copy  
\_\_\_\_\_ Floppy disk  
Direct to Delaware \_\_\_\_\_ Magnetic tape\*  
\*Magnetic tape is preferred when sending information for more than 100 employees.

4. Are remittances for all employees made at this time?  
☒ Yes \_\_\_\_\_ No (Please explain) \_\_\_\_\_

5. Are there any restrictions or cut-off dates for changes in the amount of payroll deductions?  
\_\_\_\_\_ No ☒ Yes (Please list) quarterly

6. Reduction will be remitted by: ☒ Employer  
☒ Third Party Billing Agent  
Name: \_\_\_\_\_

7. Do you require your own Salary Reduction form?  
☒ No \_\_\_\_\_ Yes (If yes, please provide us with a sample)

Next pay date: \_\_\_\_\_

Assigned Account Executive: Alberto Gaglianese A/E No.: 0835

Branch Manager: 486 Branch No.: 19



## Information Sheet for TSA Contracts

PLEASE COMPLETE ALL INFORMATION AS IT APPLIES TO YOUR ORGANIZATION:

Employer: \_\_\_\_\_

Superintendent/Chief Administrator: \_\_\_\_\_

Business Manager: \_\_\_\_\_

Union/Association Head: \_\_\_\_\_

Administrator/Association President: \_\_\_\_\_

Number of Professional Staff: 17

Number of Sites:             Elementary             Junior High             Senior High

Existing Tax Shelter Programs:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Assigned Account Executive: \_\_\_\_\_ A/E No.: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ Branch No.: \_\_\_\_\_

*Under Comments*

*Delaware will est indiv accounts  
under client's SS#*

*Registration on account should read  
Upper Gwynedd - Towamencen Muni 457 Plan  
FBO -*

