DEFERRED COMPENSATION PLAN
INVESTMENT CERTIFICATION (2026)

By signing this form, I certify on behalf of:

_____

that the investment options offered for deferred compensation plans administered for local governmental units in New Jersey pursuant to N.J.S.A. 43:15B-1et seq. comply with the investment requirements established pursuant to N.J.S.A. 43:15B-3c.

_____
(Signature of Authorized Representative)

_____
(Name Typed)

_____
(Position/Title)

_____
(Email Address)

_____
(Phone Number) (Date)