DEFERRED COMPENSATION
PLAN LIST CERTIFICATION (2026)

By signing this form, I certify on behalf of:

_____

that the attached list of municipalities, counties, and/or authorities represents an accurate accounting of the local government units for whom we administer a deferred compensation plan adopted by the identified local governments. I additionally certify that if the attached list is deficient, we will submit, as an attachment to this certification, a complete and accurate accounting of the local government units for which we have been approved to administer a deferred compensation plan adopted by the identified local governments, along with the date of such approval.

_____
(Signature of Authorized Representative)

_____
(Name Typed)

_____
(Position/Title)

_____
(Email Address)

_____
(Phone Number) (Date)