



Client Authorized Representatives

The undersigned authorized representative of the Authorizing Plan Fiduciary(ies) designates the following individuals as representatives of the Authorizing Plan Fiduciary(ies) to provide directions to Prudential Retirement, including its affiliates and successors, with respect to the Plan(s) identified below. If applicable, designated individuals may provide direction concerning the Plan(s), and will not be limited unless the Authorizing Plan Fiduciary(ies) states otherwise below. Prudential will accept directions in email format, and Prudential will presume that directions received from any of the email addresses listed below come from the corresponding authorized individual(s). Prudential will not be liable for the fraudulent use of email addresses.

AUTHORIZATION: This designation permits the named individual(s) to provide directions concerning:

- UNL:** Unlimited authority (if this option is selected, please only check the UNL box).
- INV:** Selection and modification of Plan- and Participant-level investment options.
- ADM:** Participant-level administrative and recordkeeping changes, including approval of Participant-level transactions and payroll updates in order to facilitate day-to-day Plan administration.
- CHG:** Plan and contractual document interpretations, changes, amendments, and Plan-level discontinuances.
- LTD:** Other limited authority. If any representative should have limited authority not described above for any Plan(s) or Sub Plan(s), please describe such limitations, specifying to which Plan(s) or Sub Plan(s) such limitations apply.

Plan(s)

Lancaster County, NE Employees Retirement Plan	006371
LEGAL NAME OF AUTHORIZING PLAN FIDUCIARY	PLAN/CONTRACT NUMBER
Lancaster County NE	<input checked="" type="checkbox"/> DC <input type="checkbox"/> DB <input type="checkbox"/> NQ
LEGAL NAME OF PLAN	TYPE OF PLAN
Lancaster County, NE 457 Deferred Comp Plan	006372
LEGAL NAME OF AUTHORIZING PLAN FIDUCIARY	PLAN/CONTRACT NUMBER
Lancaster County, NE	<input checked="" type="checkbox"/> DC <input type="checkbox"/> DB <input type="checkbox"/> NQ
LEGAL NAME OF PLAN	TYPE OF PLAN
LEGAL NAME OF AUTHORIZING PLAN FIDUCIARY	PLAN/CONTRACT NUMBER
	<input type="checkbox"/> DC <input type="checkbox"/> DB <input type="checkbox"/> NQ
LEGAL NAME OF PLAN	TYPE OF PLAN
LEGAL NAME OF AUTHORIZING PLAN FIDUCIARY	PLAN/CONTRACT NUMBER
	<input type="checkbox"/> DC <input type="checkbox"/> DB <input type="checkbox"/> NQ
LEGAL NAME OF PLAN	TYPE OF PLAN
LEGAL NAME OF AUTHORIZING PLAN FIDUCIARY	PLAN/CONTRACT NUMBER
	<input type="checkbox"/> DC <input type="checkbox"/> DB <input type="checkbox"/> NQ
LEGAL NAME OF PLAN	TYPE OF PLAN

Check box if you are attaching a page with additional Plans. Please use the same format.

Authorized Representatives

Kerry P. Eagan	Chief Administrative Officer
NAME (PRINT)	TITLE
AUTHORIZATION (Check one or more boxes): <input checked="" type="checkbox"/> UNL <input type="checkbox"/> INV <input type="checkbox"/> ADM <input type="checkbox"/> CHG <input type="checkbox"/> LTD (if checked, describe limitations below)	
LTD (describe such limitations):	
keagan@lancaster.ne.gov	402-441-6865
EMAIL (PRINT)	PHONE NUMBER



Doug Cyr	Chief Deputy County Attorney
<small>NAME (PRINT)</small>	<small>TITLE</small>
AUTHORIZATION (Check one or more boxes): <input checked="" type="checkbox"/> UNL <input type="checkbox"/> INV <input type="checkbox"/> ADM <input type="checkbox"/> CHG <input type="checkbox"/> LTD (if checked, describe limitations below)	
LTD (describe such limitations):	
dcyr@lancaster.ne.gov	402-441-7630
<small>EMAIL (PRINT)</small>	<small>PHONE NUMBER</small>
Bill Thoreson	
<small>NAME (PRINT)</small>	<small>TITLE</small>
AUTHORIZATION (Check one or more boxes): <input type="checkbox"/> UNL <input type="checkbox"/> INV <input checked="" type="checkbox"/> ADM <input type="checkbox"/> CHG <input type="checkbox"/> LTD (if checked, describe limitations below)	
LTD (describe such limitations):	
wthoreson@lincoln.ne.gov	
<small>EMAIL (PRINT)</small>	<small>PHONE NUMBER</small>
Paula Lueders	
<small>NAME (PRINT)</small>	<small>TITLE</small>
AUTHORIZATION (Check one or more boxes): <input type="checkbox"/> UNL <input type="checkbox"/> INV <input checked="" type="checkbox"/> ADM <input type="checkbox"/> CHG <input type="checkbox"/> LTD (if checked, describe limitations below)	
LTD (describe such limitations):	
plueders@lincoln.ne.gov	
<small>EMAIL (PRINT)</small>	<small>PHONE NUMBER</small>
Tim Genuchi	Accounting Operations Manager
<small>NAME (PRINT)</small>	<small>TITLE</small>
AUTHORIZATION (Check one or more boxes): <input type="checkbox"/> UNL <input type="checkbox"/> INV <input type="checkbox"/> ADM <input type="checkbox"/> CHG <input checked="" type="checkbox"/> LTD (if checked, describe limitations below)	
LTD (describe such limitations): Payroll and data transmission - related changes and inquiries.	
tgenuchi@lancaster.ne.gov	402-441-7470
<small>EMAIL (PRINT)</small>	<small>PHONE NUMBER</small>

Check box if you are attaching a page with additional representatives. Please use the same format.

IMPORTANT NOTE pertaining to ERISA Plans: Section 412 of ERISA requires plan fiduciaries and every person who "handles" funds or property of a plan to be bonded. The Authorizing Plan Fiduciary is responsible for compliance with bonding rules and discussing this issue with its own legal counsel. In general, the bond would need to cover the individuals named herein. The bond is legally required to provide protection to the Plan against loss by reason of acts of fraud or dishonesty. The types of bonds in use include those covering a single named person, and scheduled and blanket bonds covering a group or class. In general, the amount of the bond must be equal to 10% of the Plan assets at the beginning of each year or, in the case of a new Plan, the estimated contributions of the first plan year. The bond must be for at least \$1,000 but not more than \$500,000, (\$1,000,000 in the case of a plan that holds employer securities) subject to the 10% limit. The bond is secured through a corporate surety company. For additional information, please contact any surety company that handles this type of bonding.

The Authorizing Plan Fiduciary warrants to Prudential that all directions will be in accordance with applicable law and the governing documents of the Plan (including any investment vehicles related to the Plan). Prudential may rely on this form until Prudential receives written notice to the contrary.

Lancaster County, NE Employees Retirement Plan and 457 Deferred Comp Plan

Name(s) of Authorizing Plan Fiduciary(ies) (Include legal names of all Authorized Plan Fiduciaries)

10/10/2019

By: (Authorized Signature)

Date

Kerry P. Eagan, Chief Administrative Officer

Print Name and Title



Additional Plans

LEGAL NAME OF AUTHORIZING PLAN FIDUCIARY	PLAN/CONTRACT NUMBER <input type="checkbox"/> DC <input type="checkbox"/> DB <input type="checkbox"/> NQ
LEGAL NAME OF PLAN	TYPE OF PLAN
LEGAL NAME OF AUTHORIZING PLAN FIDUCIARY	PLAN/CONTRACT NUMBER <input type="checkbox"/> DC <input type="checkbox"/> DB <input type="checkbox"/> NQ
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LEGAL NAME OF PLAN	TYPE OF PLAN



Additional Authorized Representatives

Jennifer Brinkman	Lancaster County Board Chair
NAME (PRINT)	TITLE
AUTHORIZATION (Check one or more boxes): <input checked="" type="checkbox"/> UNL <input type="checkbox"/> INV <input type="checkbox"/> ADM <input type="checkbox"/> CHG <input type="checkbox"/> LTD (if checked, describe limitations below)	
LTD (describe such limitations):	
jbrinkman@lancaster.ne.gov	402 441-6863
EMAIL (PRINT)	PHONE NUMBER
Roma Amundson	Lancaster County Board Vice-Chair
NAME (PRINT)	TITLE
AUTHORIZATION (Check one or more boxes): <input checked="" type="checkbox"/> UNL <input type="checkbox"/> INV <input type="checkbox"/> ADM <input type="checkbox"/> CHG <input type="checkbox"/> LTD (if checked, describe limitations below)	
LTD (describe such limitations):	
ramundson@lancaster.ne.gov	402 441-6864
EMAIL (PRINT)	PHONE NUMBER
NAME (PRINT)	TITLE
AUTHORIZATION (Check one or more boxes): <input type="checkbox"/> UNL <input type="checkbox"/> INV <input type="checkbox"/> ADM <input type="checkbox"/> CHG <input type="checkbox"/> LTD (if checked, describe limitations below)	
LTD (describe such limitations):	
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LTD (describe such limitations):	
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