

AUTHORIZATION TO MAKE PLAN PAYMENTS FROM FORFEITURE OR PLAN EXPENSE ACCOUNT

Section I: Plan Instruction and Representations:

The undersigned Plan Sponsor of the plan specified below (the "Plan") hereby:

- instructs Prudential Retirement to make the payment(s) to the Plan (the "Plan Payments") as specified below;
- represents that the Plan Payments will be used exclusively to defray reasonable expenses of administering the Plan, that are necessary for the operation of the Plan, and may be charged to the Plan;
- represents that any Plan Payments made to the third party, identified in Section III below (the "Third Party") are pursuant to a written agreement in place between the Plan and the Third Party and are intended to satisfy services already rendered.
- represents that governing documents for the Plan permit the making of Plan Payments for such purposes;
- represents that the Plan Sponsor has consulted with legal counsel of its own choosing concerning the permissibility of Plan Payments and that the reimbursement of the Plan's operating expenses complies with all applicable legal requirements;
- undertakes to direct Prudential Retirement to cease or modify this request if any of the foregoing representations are no longer correct.
- to the extent that the Third Party is the Plan Sponsor or an affiliate of the Plan Sponsor, that the Plan Payments will be consistent with DOL Reg. sec. 2550.408(b)-2(e)(3) and, accordingly, not result in payment to the Plan Sponsor or an affiliate of the Plan Sponsor of an amount in excess of the reimbursement of direct expenses properly and actually incurred in the performance of such services within the meaning of DOL Reg. sec. 2550.408c-2(b)(3)

Section II: Source and commencement of Plan Payments:

The undersigned Plan Sponsor of the Plan specified below, hereby instructs Prudential to make the Plan Payments:

On or about 10-17-19 (**Date**)

Make payment of \$28,500.00 Choose one option below.

1. **Plan Forfeiture Account: subplan _____ (indicate sub plan # (s) or NA)**
 pro rata from all investments (default option)
 other method (please describe): _____

2. **Plan Expense Account \$ 28,500.00** _____
3. **Other. If payment is to be made from both Plan Forfeiture account and Plan Expense account**
From Plan Expense account \$ _____ From Plan Forfeiture account \$ _____
 pro rata from all investments (default option) other method (please describe): _____

Section III: Distribution of Plan Payments:

In order to issue payment to a Vendor, Prudential must be provided an IRS Form W9 completed by the payee Firm.

Payment to Prudential

Payment to Third Party

Payee Name: Segal Marco Advisors

Payee Mailing Address (if check) : _____

Wire Instructions: Bank Name & Address: JP MORGAN/CHASE BANK

Account Name & Number: SEGAL ADVISORS, INC. 1440-74156

ABA/ Routing #: 021000021

Please review this information carefully as Prudential cannot verify the accuracy of these wiring instructions and will rely upon this informing in effectuating the wire transfer (s).

Nature of Services to be provided (check one):

- Accounting (including auditing) Actuarial Administration
- Consulting (general) Investment Advisory Legal Recordkeeping
- Other (specify) _____

Section IV: Plan Sponsor Signature:

I certify that the authorizations provided above are consistent with the terms of the Plan and are provided pursuant to authority granted by the Trustees of the Plan. Prudential Retirement shall be entitled to rely on the directions contained herein.

Plan Name: Lancaster County Employees Retirement Plan (#006371) and Deferred Compensation Program (#006372). Please take the funds for payment pro rata from the two accounts based on the balance of each account.

Plan Administrator Signature: 

Print Name: Kerry P. Eagan

Title: Chief Administrative Officer

Date: October 17, 2019

Section V: Representation of Registered Representative:

In the event the individual representative of a Third Party is a Registered Representative of a Broker Dealer, Prudential will notify such Broker Dealer firm, as indicated below, of this arrangement.

I am a Registered Representative of the Broker Dealer named below:

Broker Dealer Firm: _____

Broker Dealer Address: _____

Individual Service Provider Signature: _____

Individual Service Provider Name: _____

Date: _____

By signing above I certify that the information provided is accurate and complete.



INVESTMENT SOLUTIONS
333 West 34th Street
New York, NY 10001-2402

Phone: (212) 251-5900
Fax: (212) 208-4564

Lancaster County, Nebraska
555 South 10th Street
Lincoln, NE 68508

October 08, 2019

Invoice #: 369088
Reference #: 05239 - 006 - 201912

Segal Marco Advisors consulting services rendered for the annual evaluation of the Lancaster County Employees 401(a) and 457 Deferred Compensation Programs:

Annual investment and administrative review for period ending December 31, 2019 including preparation of report, fund searches, and attendance at meeting

Total Invoice: **\$28,500.00**



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REMITTANCE ADVICE

Total Balance Due: \$28,500.00

PLEASE PAY WITHIN 30 DAYS.

Remittance Information

By Check:	By Wire Transfer:
P.O. Box 4142 Church Street Station New York, NY 10261-4142	JP MORGAN/CHASE BANK Acct Name: SEGAL ADVISORS, INC Acct Type: Acct #: 1440-74156 ABA #: 021000021
Please return a copy of this Remittance Advice with your check to assist us in crediting your account.	Please reference client name and invoice.