

**ADOPTION AGREEMENT AMENDMENT #1
ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA
401(a) DEFINED CONTRIBUTION PLAN
FOR SENIOR MANAGEMENT OF BEN HILL COUNTY**

THIS AMENDMENT is made and entered into by Ben Hill County, Georgia (the "Employer"), by and through the Ben Hill County Board of Commissioners.

WITNESSETH:

WHEREAS, the Employer maintains the Association County Commissioners of Georgia 401(a) Defined Contribution Plan for Senior Management of Ben Hill County (the "Plan");

WHEREAS, the Employer adopted the Plan through an Adoption Agreement that became effective July 27, 2017;

WHEREAS, Section 13.01(a) of the Plan allows the Employer to amend the elective provisions of the Adoption Agreement at any time; and

WHEREAS, the County desires to authorize the use of self-directed brokerage accounts as an investment option in the Plan.

NOW THEREFORE, the Employer hereby amends the Adoption Agreement as follows, effective October 1, 2019:

9.03 PARTICIPANT DIRECTION OF INVESTMENTS.

Accounts Invested by Participants

<input checked="" type="checkbox"/>	Participants direct investment of all Accounts		
<input type="checkbox"/>	Participants direct investment of following Accounts only:	<u>Yes</u>	<u>No</u>
	Employee Mandatory Contribution Account	[--]	[--]
	Employee After-Tax Contribution Account	[--]	[--]
	Employer Basic Contribution Account	[--]	[--]
	Employer Discretionary Contribution Account	[--]	[--]
	Employer Matching Contribution Account	[--]	[--]

Self-directed Brokerage

<input type="checkbox"/>	Self-directed Brokerage not permitted		
<input checked="" type="checkbox"/>	Self-directed Brokerage permitted for all Participants' Accounts		
<input type="checkbox"/>	Self-directed Brokerage permitted for following Accounts only:	<u>Yes</u>	<u>No</u>
	Employee Mandatory Contribution Account	[--]	[--]
	Employee After-Tax Contribution Account	[--]	[--]
	Employer Basic Contribution Account	[--]	[--]
	Employer Discretionary Contribution Account	[--]	[--]
	Employer Matching Contribution Account	[--]	[--]

Amendment Effective Date:

October 1, 2019

IN WITNESS WHEREOF, the Employer has caused its duly authorized officer to execute this Amendment on the date noted below.

BEN HILL COUNTY, GEORGIA

By: _____

Title: _____

Date: _____