

**RESOLUTION FOR THE ADOPTION OF THE TEACHERS' RETIREMENT SYSTEM  
OF THE STATE OF ILLINOIS SUPPLEMENTAL SAVINGS PLAN**

**WHEREAS**, the Board of Education of Harlem School District 122, Winnebago County, Illinois (the "Employer") is a political subdivision of the State of Illinois, or an agency or instrumentality of the State of Illinois or of a political subdivision of the State of Illinois and is an eligible employer pursuant to Section 457(e)(1)(A) of the Internal Revenue Code of 1986.

**WHEREAS**, the Employer has been advised by the Teachers' Retirement System of the State of Illinois (the "System"), that the Employer is required to adopt the System's Supplemental Savings Plan (the "Supplemental Savings Plan") by entering into an Employer Participation Agreement between the System and the Employer, so that the System may offer a defined contribution benefit to System members pursuant to 40 ILCS 5/16-204.

**WHEREAS**, the Employer has determined that it will enter into said Employer Participation Agreement in reliance upon the System's assertion that the Employer is required by law to do so.

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Education of Harlem School District 122, Winnebago County, Illinois, as follows:

**Section 1.** The foregoing recitals are incorporated into and made a part of this Resolution.

**Section 2.** Effective March 1, 2022 the Employer shall enter into the Employer Participation Agreement, substantially in the same form of the Employer Participation Agreement attached hereto as Exhibit A and incorporated herein by reference, subject to the terms and conditions of the Supplemental Savings Plan.

**Section 3.** The Employer reserves its right to rescind and otherwise terminate the Employer Participation Agreement, and its participation in the Supplemental Savings Plan.

**Section 4.** The Employer designates its Superintendent and Chief School Business Official as appropriate officers of the Employer (the "Authorized Officers") and said officers be and hereby are authorized and directed to take any and all further action, including the execution and delivery of documents and instruments, and designation of additional authorized Employer contacts, as such Authorized Officers deem necessary or desirable in their sole discretion to effectuate fully and carry out the purposes of this Resolution and to ensure that the Employer performs all of its duties and responsibilities, as set forth in the Employer Participation Agreement and the Supplemental Savings Plan, understanding that the Employer, its individual

Board members, employees, and agents have no management oversight of the Supplemental Savings Plan, or the selection, monitoring, or management of any approved investment providers under the Supplemental Savings Plan, or the fees and conditions set by the selected investments providers.

Member \_\_\_\_\_ moved the adoption of the Resolution, and member \_\_\_\_\_ seconded the motion. Upon a roll call vote being taken, the members voted as follows:

AYES: \_\_\_\_\_

NAYS: \_\_\_\_\_

ABSENT: \_\_\_\_\_

ABSTAIN: \_\_\_\_\_

The Secretary declared the motion carried and the resolution duly adopted.

Date: \_\_\_\_\_

\_\_\_\_\_  
PRESIDENT, BOARD OF EDUCATION

ATTEST:

\_\_\_\_\_  
SECRETARY, BOARD OF EDUCATION

STATE OF ILLINOIS                    )  
  ) SS  
COUNTY OF WINNEBAGO            )

**CERTIFICATION OF RESOLUTION**

I, the undersigned, do hereby that I am the duly qualified and acting Secretary of the Board of Education of Harlem School District 122, Winnebago County, Illinois (the “Board”), and that as such official I am the keeper of the records and files of the Board.

I do further certify that the foregoing constitutes a full, true, and complete copy of a resolution entitled:

**RESOLUTION FOR THE ADOPTION OF THE TEACHERS’ RETIREMENT SYSTEM  
OF THE STATE OF ILLINOIS SUPPLEMENTAL SAVINGS PLAN**

which was adopted at a meeting of the Board held on \_\_\_\_\_, 2022.

I do further certify that the deliberations of the Board on the adoption of said resolution were conducted openly, that the vote of the adoption of said resolution was taken openly, that said meeting was held at a specified time and place convenient to the public, that notice of said meeting was duly given to all of the news media requesting such notice, that said meeting was called and held in compliance with the provisions of the Open Meetings Act of the State of Illinois, as amended, the School Code of the State of Illinois, as amended and that the Board has complied with the provisions of said Acts and said Codes and with the procedural rules of the Board.

IN WITNESS WHEREOF, I have affixed my signature this \_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Secretary, Board of Education

EXHIBT A

(Employer Participation Agreement)

**HARLEM SCHOOL DISTRICT 122**  
**Illinois Teachers' Retirement System Supplemental Savings Plan**  
**Employee Authorization/Acknowledgement Form**

\_\_\_\_\_  
Employee Name (Please Print)

I elect to participate in the Illinois Teachers' Retirement System ("TRS") Supplemental Savings Plan (the "Plan"). I understand that the Plan is a deferred compensation plan established by TRS pursuant to section 457(b) of the Internal Revenue Service Code of 1986, as amended (the "Code"). I understand that the Plan has been adopted by The Board of Education of Harlem School District 122 (the "District") in reliance upon the assertion of TRS that the District was required to do so by law.

I hereby direct the District, as my employer, to deduct the following amount from my pay each pay period as my Elective Deferral to the Plan:

☐ Pre-Tax Elective Deferral  
☐ Roth (after-tax) Elective Deferral

Amount of Elective Deferral: \$ \_\_\_\_\_ per pay period.

I understand that the District will not make any Matching Contributions to the Plan on my behalf.

I acknowledge that I have chosen to participate in the SSP knowing that my employer also offers qualified 403(b) and 457(b) programs, as allowed under the Code, for which I am eligible to participate.

I understand that the District, the members of the its Board of Education, administrators, employees, attorneys, and agents have no managerial oversight over the Plan; have not prepared, selected, or approved the Plan Agreement, Employer Participation Agreement, or any other Plan document, or any modification to any Plan agreement or document; do not select, monitor, or manage any investment providers approved by TRS under the Plan; do not approve, review, or select any of the funds or investment options offered under the Plan; do not provide any advice or recommendations to me or any other employee of the District as to participation in the Plan, the determination of any Elective Deferrals made to or under the Plan, or the funds or other investment options available under the Plan that any Elective Deferrals are contributed to; do not establish, review or approve any of the fees and conditions set by TRS or any of the Plan's selected investment providers; and do not have any other role or function other than what is specified by law or the TRS Employer Participation Agreement.

I understand that my deferrals cannot begin sooner than March 1, 2022, or such other date that is determined by TRS or the Plan. I further understand that my accumulated deferrals will be remitted by the District to TRS (or to such party designated by TRS) and held in trust by the Plan for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I realize I may not assign or transfer my rights under the Plan.

I understand that I am responsible for the accuracy of the Elective Deferrals that I direct be made on my behalf under the Plan. I further understand that I am responsible for any overstatement of the amounts of my Elective Deferrals, or any other violation of any requirement of Code Section 457, and that I will be solely responsible, to the fullest extent permitted by law, for any additional taxes, interest, and penalties to the Employee.

I hereby authorize the District to reduce or suspend any deferrals to the Plan established on my behalf, if in its opinion, the total annual deferral would exceed the maximum allowable limit in any calendar year. Should my deferrals exceed the maximum limit, I authorize the District to disallow deferral of the excess amount, and direct that these amounts be refunded to me.

**Release of Liability – I understand and agree that the District, the members of its Board of Education, administrators, employees, attorneys and agents shall have no liability whatsoever for any and all losses suffered by me with regard to my election to participate in the Plan, or my selection of investment options under the Plan, or the Plan's selection of investment providers, custodians, or regulated investment companies under the Plan, or the financial condition, operation of or benefits provided by said investment providers, custodians, or regulated investment companies.**

I understand that the District has reserved its right to rescind or terminate its participation in the plan at any time.

---

Employee Signature

---

Date