

Contract #:

CONTRACT ROUTING SHEET

Date Prepared: 19 August 2015

Need Date: 26 August 2015

PROCESSING DEPARTMENT:

Department: Treasurer-Tax Collector

Dept. Contact: Ginnie Hibert

Phone #: 621-5811

Department: _____

Head Signature: *C.L. Rafferty*

CONTRACTOR:

Name: Nationwide Retirement Solutions

Address: 5900 Parkwood Drive

Dublin, Ohio 43016

Phone: (614) 435-5891

CONTRACTING DEPARTMENT: Treasurer-Tax Collector

Service Requested: Amendment 3 to Deferred Compensation Plan Administration Agreement dated 4/10/07

Contract Term: Until Cancelled Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's) *as set forth below*

Approved: ✓ on condition effective date is provided Disapproved: _____ Date: 8/19/15 By: Judith Keen

Approved: _____ Disapproved: _____ Date: _____ By: _____

*EDC CA Deferred Compensation Plan Administration Agreement w
Nationwide" dated 4/10/07; Amendment 1- 9/22/09; Amendment 2-
Also reviewed by outside consultant Allen Haim. 9/4/14
* Need effective date for section "2." on page 5 of Amendment 3
drawn by [signature]*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

N/A

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: N/A

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____