**Resolution to Enroll Public Officials in the**

**Defined Contribution Plan**

[name of governmental subdivision]

Resolution number [resolution number]

**A RESOLUTION TO ENROLL PUBLIC OFFICIALS IN THE DEFINED CONTRIBUTION PLAN DURING THE ONE-TIME OPEN ELECTION PERIOD**

**THE [GOVERNING BODY] OF THE [NAME OF GOVERNMENTAL SUBDIVISION],** **MINNESOTA, DOES ORDAIN:**

WHEREAS, [name of public official] is the [position title] of [name of governmental subdivision], having taken office on [month, day, year]; and

WHEREAS, acting under Minnesota 2024 Session Law Chapter 102—H. F. No. 5040, article 4, sec. 17, subd. 2, [name of public official] has chosen to participate in the Defined Contribution Plan (DCP) of the Public Employees Retirement Association (PERA) effective upon filing such election with the PERA office between October 1, 2024 and October 30, 2024; and

WHEREAS, [name of public official] has provided this council with a copy of such written election on the Open Election Period Selection Form required by PERA; and

WHEREAS, in making this election, [name of public official] understands that participation in the DCP is permanent for all current and future DCP-eligible service with [name of governmental subdivision].

**THEREFORE, BE IT RESOLVED BY THE [GOVERNING BODY] OF THE [NAME OF GOVERNMENTAL SUBDIVISION], MINNESOTA:**

1. The [name of governmental subdivision] hereby approves [name of public official] to be enrolled in the Defined Contribution Plan of the Public Employees Retirement Association of Minnesota; and
2. The [position title] for the [governmental subdivision] is hereby authorized to execute all documents necessary to effectuate the intent of this resolution.

The motion for the adoption of the foregoing resolution was proposed by [governing body] member [name of member] and was duly seconded by [governing body] member [name of member], and upon a vote being taken thereon, the following voted in favor:

[name(s)]

And the following voted against the same:

[name(s)]

**RESOLVED BY THE [GOVERNING BODY] of [NAME OF GOVERNMENTAL SUBDIVISION] ON [MONTH, DAY, YEAR].**

 [governmental subdivision’s clerk/administrator signature]

 [name of clerk/administrator], [position title]