

Wake County Fire Commission
Compensation Committee
Retirement Plan Certification

I _____ representing the

Print Agents Name

_____ do hereby certify that I

Company

am the Retirement Plan Administrator for _____

Fire Department

and that any and all retirement plans that the Department utilizes is/are Internal Revenue Service Qualified retirement plan(s).

Please list all plans below

Plan 1

Name: _____

Type (401k, 403b, IRA, etc): _____

Plan 2

Name: _____

Type (401k, 403b, IRA, etc): _____

Plan 3

Name: _____

Type (401k, 403b, IRA, etc): _____

Signed: _____ Date: _____