



**PROVIDER SELECTION AGREEMENT FOR THE  
OASBO 457 DEFERRED COMPENSATION PLAN**

The Ohio Association of School Business Officials (“OASBO”) has adopted and maintains OASBO 457 Deferred Compensation Plan (the “Plan”). The Plan is designed to allow an “Eligible Employer” to establish its own “eligible deferred compensation plan” under Section 457(b) of the Internal Revenue (“IRC”).

OASBO also maintains a Plan Provider Agreement with Voya Retirement Insurance and Annuity Company (“Voya”) and AXA Equitable Life Insurance Company (“AXA”) (the “Provider Agreement”). Under the Provider Agreement, (i) Voya will provide to OASBO specimen amendments to assist in the maintenance of the Plan, so that it may continue to be designed to meet the requirements of IRC Section 457(b), (ii) Voya and AXA will offer to Eligible Employers who adopt the Plan group annuity contracts that meet the requirements of IRC Section 457(g)(3) (“Provider Contracts”), and (iii) in accordance with the terms of the Provider Agreement, Voya and AXA will provide assistance with Plan administration to Eligible Employers that use the Plan to adopt a Section 457(b) Plan.

Under the Plan, an Eligible Employer adopts its own Section 457(b) Plan by executing an Adoption Agreement and this “Provider Selection Agreement,” and entering into one or more Provider Contracts with Voya and/or AXA.

The undersigned Participating Employer has executed an Adoption Agreement with respect to the Plan and hereby wishes to complete its adoption of its own “eligible deferred compensation plan” under IRC Section 457(b). The undersigned Participating Employer also agrees to complete an application for and to otherwise take such actions as are necessary for the Participating Employer to establish one or more Provider Contracts with the Providers indicated below. The Participating Employer hereby elects to fund its Plan through Provider Contracts issued by the following companies:

- 1. Voya Retirement Insurance and Annuity Company
- 2. AXA Equitable Life Insurance Company

\* \* \*

IN WITNESS WHEREOF, the Participating Employer has caused this Provider Selection Agreement to be signed by its duly authorized officers on the day and date first above written.

**PARTICIPATING EMPLOYER**

By: \_\_\_\_\_

Title: \_\_\_\_\_

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

**CONSENT BY  
OHIO ASSOCIATION OF SCHOOL BUSINESS OFFICIALS**

\_\_\_\_\_  
**James Rowan, Executive Director**

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