

**AMENDMENT ONE
TO THE
CITY OF JONESBORO, ARKANSAS NON-UNIFORMED EMPLOYEES
457(B) RETIREMENT SAVINGS PLAN AND TRUST
(as amended and restated effective September 24, 2024)**

The Adoption Agreement is hereby amended, effective January 1, 2026, to change the name of the Plan to the City of Jonesboro 457(b) Plan.

The Adoption Agreement is hereby further amended, effective January 1, 2026, to provide that uniformed police, fire department personnel, and elected officials of the City of Jonesboro, Arkansas are no longer Excluded Employees.

This Amendment is detailed on the attached pages 1(amended) and 2(amended) and is effective on January 1, 2026.

**ADOPTION AGREEMENT FOR
ELIGIBLE GOVERNMENTAL 457 PLAN**

The undersigned Employer, by executing this Adoption Agreement, establishes an Eligible 457 Plan ("Plan"). The Employer, subject to the Employer's Adoption Agreement elections, adopts fully the Plan provisions. This Adoption Agreement, the basic plan document and any attached Appendices, amendments, or agreements permitted or referenced therein, constitute the Employer's entire plan document. *All "Election" references within this Adoption Agreement or the basic plan document are Adoption Agreement Elections. All "Article" or "Section" references are basic plan document references. Numbers in parentheses which follow election numbers are basic plan document references.* Where an Adoption Agreement election calls for the Employer to supply text, the Employer may lengthen any space or line, or create additional tiers. When Employer-supplied text uses terms substantially similar to existing printed options, all clarifications and caveats applicable to the printed options apply to the Employer-supplied text unless the context requires otherwise. The Employer makes the following elections granted under the corresponding provisions of the basic plan document.

1. **EMPLOYER (1.11).**

Name: City of Jonesboro, Arkansas

Address: 300 S Church Street
Street

Jonesboro Arkansas 72401
City State Zip

Telephone: (870) 932-0820

Taxpayer Identification Number (TIN): 71-6013749

2. **PLAN NAME.**

Name: City of Jonesboro 457(b) Plan

3. **PLAN YEAR (1.25).** Plan Year means the 12 consecutive month period (except for a short Plan Year) ending every *(Choose one of a. or b. and choose c. if applicable): [Note: Complete any applicable blanks under Election c. with a specific date, e.g., "June 30" OR "the last day of February" OR "the first Tuesday in January." In the case of a Short Plan Year or a Short Limitation Year, include the year, e.g., "May 1, 2013."]*

a. ☒ **December 31.**

b. ☐ **Plan Year:** ending: _____.

c. ☐ **Short Plan Year:** commencing: _____ and ending: _____.

4. **EFFECTIVE DATE (1.08).** The Employer's adoption of the Plan is a *(Choose one of a. or b. Complete c. if new plan OR complete c. and d. if an amendment and restatement. Choose e. if applicable):*

a. ☐ **New Plan.**

b. ☒ **Restated Plan.** The Plan is a substitution and amendment of an existing 457 plan.

Initial Effective Date of Plan

c. ☒ January 1, 2012 *(enter month day, year; hereinafter called the "Effective Date" unless 4d is entered below)*

Restatement Effective Date *(If this is an amendment and restatement, enter effective date of the restatement.)*

d. ☒ September 24, 2024 *(enter month day, year)*

Special Effective Dates: (optional)

e. ☐ **Describe:** _____.

5. **CONTRIBUTION TYPES.** *(If this is a frozen Plan (i.e., all contributions have ceased), choose a. only):*

Frozen Plan

a. ☐ **Contributions cease.** All Contributions have ceased or will cease (Plan is frozen).

1. **Effective date of freeze:** _____ *[Note: Effective date is optional unless this is the amendment or restatement to freeze the Plan.]*

Contributions. The Employer and/or Participants, in accordance with the Plan terms, make the following Contribution Types to the Plan (Choose one or more of b. through d. if applicable):

- b. ☒ **Pre-Tax Elective Deferrals.** The dollar or percentage amount by which each Participant has elected to reduce his/her Compensation, as provided in the Participant's Salary Reduction Agreement (Choose one or more as applicable.):

And will Matching Contributions be made with respect to Elective Deferrals?

1. ☐ **Yes.** See Question 16.

2. ☒ **No.**

And will **Roth Elective Deferrals** be made?

3. ☒ **Yes.** [Note: The Employer may not limit Deferrals to Roth Deferrals only.]

4. ☐ **No.**

- c. ☐ **Nonelective Contributions.** See Question 17.

- d. ☒ **Rollover Contributions.** See Question 30.

6. **EXCLUDED EMPLOYEES (1.10).** The following Employees are Excluded Employees and are not eligible to participate in the Plan (Choose one of a. or b.):

- a. ☐ **No exclusions.** All Employees are eligible to participate.

- b. ☒ **Exclusions.** The following Employees are Excluded Employees (Choose one or more of 1. through 4.):

1. ☒ **Part-time Employees.** The Plan defines part-time Employees as Employees who normally work less than 40 hours per week.

2. ☐ **Hourly-paid Employees.**

3. ☒ **Leased Employees.** The Plan excludes Leased Employees.

4. ☒ **Specify:** Employees subject to a collective bargaining agreement, seasonal employees i.e., based on the classification in the Employer's payroll system, Employees who work in a position that is meant to be for a limited time or duration, or Employees whose services are limited to a specific/ seasonal project or job.

7. **INDEPENDENT CONTRACTOR (1.16).** The Plan (Choose one of a., b. or c.):

- a. ☐ **Participate.** Permits Independent Contractors to participate in the Plan.

- b. ☒ **Not Participate.** Does not permit Independent Contractors to participate in the Plan.

- c. ☐ **Specified Independent Contractors.** Permits the following specified Independent Contractors to participate:

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[Note: If the Employer elects to permit any or all Independent Contractors to participate in the Plan, the term Employee as used in the Plan includes such participating Independent Contractors.]

8. **COMPENSATION (1.05).** Subject to the following elections, Compensation for purposes of allocation of Deferral Contributions means:

Base Definition (Choose one of a., b., c. or d.):

- a. ☒ Wages, tips and other compensation on Form W-2.

- b. ☐ Code §3401(a) wages (wages for withholding purposes).

- c. ☐ 415 safe harbor compensation.

- d. ☐ Alternative (general) 415 Compensation.

[Note: The Plan provides that the base definition of Compensation includes amounts that are not included in income due to Code §§401(k), 125, 132(f)(4), 403(b), SEP, 414(h)(2), & 457. Compensation for an Independent Contractor means the amounts the Employer pays to the Independent Contractor for services, except as the Employer otherwise specifies below.]

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The Employer executes this Amendment on the date specified below.

City of Jonesboro, Arkansas

Date: _____

By: _____
EMPLOYER

[print name/title]