

AUTHORIZATION OF AGENCY

The Readington Township School District, with offices located at PO Box 807 – 52 Readington Road, Whitehouse Station, NJ 08889 (Employer), pursuant to the terms and conditions of its Services Agreement with the OMNI Financial Group, Inc., with principal offices located at 1099 Jay Street, Watertower Office Park, Bldg F., Rochester, NY, 14611 (OMNI) hereby appoints OMNI as its duly authorized agent, to have full power and authority as the Employer’s Third Party Administrator (TPA), to act on the Employer’s behalf in any and all compliance matters pertaining to the Employer’s 457(b) program.

Accordingly, OMNI is authorized to execute all relevant documents in connection with its role as the Employer’s TPA, and perform tasks incidental to or in furtherance of its obligations as set forth in the Services Agreement with the Employer.

This authorization shall remain in full force and effect until such time as the Employer’s Services Agreement with OMNI expires or is terminated.

To induce any third party to act in reliance upon this document, the Employer hereby agrees that any third party receiving a duly executed copy, facsimile, or electronic form of this document may act in reliance thereon, and that revocation or termination of this document shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party.

The individual whose signature appears below is duly authorized to execute this document on behalf of the Employer.

Employer: Readington Township Board of Education (School District)

By: _____ Date: October 18, 2016
(Signature)
Steffi-Jo De Casas, Business Administrator/Board Secretary
(Printed name and Title)

Address: PO Box 807, 52 Readington Rd, Whitehouse Station, NJ 08889

Telephone Number: (908) 534 – 2195

Email: sdecasas@readington.k12.nj.us

STATE OF _____)
COUNTY OF _____) ss:

On the ____ day of _____, 2014 before me the undersigned, a notary public in and for said state, personally appeared _____, personally known to me, or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the document, the individual or the person upon behalf of which the individual acted, executed the document.

Notary Public [Affix Stamp or Seal]