RESOLUTION NO. 436

A RESOLUTION AUTHORIZING THE RECORDER TO ACCEPT PAYMENTS, EXECUTE ALL NECESSARY DOCUMENTATION AND DISBURSE THE PROCEEDS OF THE TOWN'S DEFERRED COMPENSATION SECTION 457 PLAN TO THE WIDOW OF RETIRED EMPLOYEE CARL CRADIC.

WHEREAS, in the year 1991 the Town established a voluntary, tax deferred retirement plan for its employees pursuant to Section 457 of the Internal Revenue Code, a copy of which Master Deferred Compensation Agreement is attached; and,

WHEREAS, retired employee Carl Cradic executed an individual Joinder Agreement and Application for Participation and Beneficiary Designation under the Master Deferred Compensation Agreement; and

WHEREAS, retired employee Carl Cradic has recently passed away; and,

WHEREAS, the widow of retired employee Carl Cradic has informed the Recorder that she has engaged Ms Crystal Goan, attorney at law, to advise her with respect all matters relating to her late husband's participation in the Plan and has therefore not sought or accepted any advice from any representative of the Town in regard thereto; and,

WHEREAS, in anticipation of the receipt of the death benefits under the policy of insurance funding the Plan, authorization for the Recorder to act under the Plan is necessary. Now therefore,

BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN, as follows:

Section I. That the Mayor and Recorder be, and hereby are, authorized to accept all payments, execute and deliver all documents and disbursements required for the due performance of the Town of Mount Carmel pursuant to the Master Deferred Compensation Agreement.

Section II. This Resolution shall take effect upon its passage the public welfare requiring it.

ADOPTED this the 22nd day of September, 2009.

GARY W. LAWSON, Mayor

ATTEST:

Marian Sandidge

MARIAN SANDIDGE, Recorder

APPROVED AS TO FORM:

LAW OFFICES OF MAY & COUP

FIRST READING AYES	NAYS	OTHER	
Alderman William Blakely	✓		
Alderman Richard Gabriel			absent
Alderman Tresa Mawk	✓		
Alderman Kathy Roberts	✓		
Vice-Mayor Thomas Wheeler	✓		
Alderman Carl Wolfe	✓		
Mayor Gary Lawson	✓		
TOTALS	6	0	1

PASSED FIRST READING September 22, 2009

AGREEMENT TO AMEND EMPLOYMENT CONTRACT
JOINDER AGREEMENT

APPLICATION FOR PARTICIPATION AND BENEFICIARY DESIGNATION UNDER THE MASTER DEFERRED COMPENSATION AGREEMENT

The undersigned hereby agrees to the terms and conditions of the Master Deferred Compensation Agreement (including but not limited to Section 6. Withdrawal for Hardship provisions) as such Agreement now exists, and as it may be amended, and applies for participation thereunder effective as of the first scheduled paydate in September, 1991.

The undersigned agrees that the Organization's payroll department shall have the irrevocable right to reduce his/her income by $30.00 per paydate for 26 paydates scheduled during the employment contract year, which is an annualized reduction of $780.00. This election to reduce income shall continue until the undersigned makes a subsequent election as provided by the Master Agreement. In the event the amount of earnings due the Employee during any scheduled pay period shall be insufficient to pay the corresponding installment, or in the event the Organization fails because of error to make such reduction, then the amount of reduction provided for above shall be reduced by the amount of said installment or installments not paid.

This agreement shall immpose no liability or responsibility whatsoever on the Organization except to make salary reductions for the purpose of a deferred compensation agreement as provided by Section 457 of the Internal Revenue Code, as amended. I also understand that if my salary is reduced more than the amount allowable under Section 457 of The Internal Revenue Code as amended, the responsibility will be solely mine.

The participant hereby elects to have benefit payments described in Section 5 of the Agreement made as follows:

1. Life Annuity
2. 120 Month Certain and Life
3. 240 Months and Certain Life
4. Unit Refund Life Annuity
5. Joint and Survivor
6. Joint and Survivor with 120 Months Certain
7. Joint and Survivor with 240 Months Certain
8. Lump Sum

Termination Benefit 4 above is elected under Section 5(a)(2)
Disability Benefit 4 above is elected under Section 5(a)(3)
Death Benefit 4 above is elected under Section 5(a)(4)

The undersigned acknowledges that the Organization is under no obligation to continue the Deferred Compensation Agreement and that being a participant thereunder in no way guarantees his/her employment. Until further notice, the undersigned requests that any death benefits be payable to:

Emily J. Cradic — wife
name — relationship

424 W. Main St. Mt. Carmel, TN 37645
address

however, if there be no surviving beneficiary then to the Participant's estate.

This application shall become effective as of the effective date of the above stated without further notice upon receipt by the Organization.

8-15-91 — Carl Cradic — 412-64-1063
Date — Signature of Participant — Social Security #

Application for Participation and Beneficiary Designation received and approved this _____ day of _____ 19___.

BY _____ Agent Name _____ # _____

Ohio State Life Insurance Company

P.O. Box 410288 - Kansas City, MO 64141-0288

August 20, 2009

EMILY JEAN CRADIC
160 DYKES RD
CHURCHILL, TN 37642

Reference: 00614217
Policy Number: 201-T1124996
Insured: Carl Cradic

Dear Emily Jean Cradic:

Thank you for the proofs of loss submitted, however additional information is needed to properly consider the claim request under this policy.

According to our records, the beneficiary of the above policy is Town of Mt Carmel. We need the claim forms completed by a representative of the town and signatures of two officers/executives. We need your signature acknowledging the town as the beneficiary on this statement presented below. We have enclosed another set of claim forms for your convenience.

- I, Emily Jean Cradic, do understand and agree that the beneficiary to whom benefits are payable on this policy is Town of Mt Carmel, and that benefits are not payable to me.

Signed: Emily Jean Cradic Dated: 9/25/09

Emily Jean Cradic

In order to process the claim on the above mentioned policy, we must receive the completed claim forms and the above statement, signed. Please return these documents at your earliest convenience.

If you should have any questions, please do not hesitate to contact our office toll free at (800) 366-6615.

Sincerely,

Dyan Brewster, ACS, FLHC
Sr. Claims Examiner

Enclosure(s): Claimant Statement

Part B (INFORMATION ABOUT THE BENEFICIARY) 201(T1124996)

Beneficiary Name Town of Mt. Carmel
First Middle Last Telephone Number

Mailing Address P O Box 1421 Mt Carmel TN 37645
Street City State Zip Code

Beneficiary's Social Security Number/Tax I.D. # 62-0961519

Date of Birth 4-14-39 Relationship to the Deceased employer
Month Day Year

By my signature below I certify, under penalty of perjury, that the Social Security Number/ Tax I.D. identified above is correct. I further certify that [ ] I am or [ ] I am **NOT** subject to backup withholdings because (a) I am exempt, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholdings.

Part C (Policy/Death Certificate) Please check the appropriate statements:

[ ] Enclosed is a certified copy of the death certificate of the insured.
[ ] I have enclosed the original policy(ies).
[ ] After a diligent search, the original policy(ies), or copies, cannot be located
[ ] If beneficiary is a trust, I have enclosed trust documents, which shows successor trustee.
[ ] If beneficiary is a trust, I certify that the trust is still in full force and effect.

Note: Failure to return the certified death certificate and to check the appropriate boxes in Part C may delay payment. Death certificates cannot be returned.

Settlement Options (Please check one of the following options, initial your selection, and sign below)

Initial
[ ] ____ Make proceeds immediately available*
[ ] ____ I am interested in the Special Payment Options (e.g. Deposit, Installment or Life Income Options). Please send me additional information on these other options.
[ ] ____ Other (please specify) : _____

FRAUD

Several States require that a notice be provided to each claimant to protect against Fraud. The undersigned acknowledge the Fraud Notice document has been received, read and is incorporated by reference if the state I reside in is listed on that notice. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

The undersigned agrees that this statement constitutes claim for proceeds, if any, as was contractually in force at the time of the Deceased's death and that furnishing of this form does not waive any contract provisions.

[signature] 9-2209 (X) [signature] 9-22-2009
Disinterested Witness Date Beneficiary Signature Date

1244 Independence Ave
Mount Carmel, TN 37645 423-357-3261
Witness Address and Phone Number

MUST BE SIGNED BY A WITNESS

*Unless a lump sum payment is specifically requested, policy proceeds totaling $5,000 or more, will be automatically settled by an interest-bearing Financial Access Account for your benefit. Upon approval of your claim, you will receive a book of personalized drafts, which may be used immediately to access some or all of the policy's proceeds. You will have use of the account until your balance falls below $250, at which time it will be closed and the balance in the account plus accrued interest will be sent to you within 45 days. Although Financial Access Accounts are not FDIC insured, they are backed by the full strength and security of United Fidelity Life Insurance Company, the parent company of the life insurance companies owned or administered by Americo Life, Inc.

Town of Mt. Carmel

P.O. Box 1421 • Mt. Carmel, TN 37645
423-357-7311 • 423-357-8125

NO. 012753

Date 10/20/09

- ☐ Fines #
- ☐ Trash Cans
- ☐ Acct. Fee
- ☐ Connection Fee
- ☐ User Fee
- ☐ Bldg. Permit #
- ☑ Other Life Ins Carl Cradic

Received of Americo

one hundred thousand seven hund sixty seven & 19/100s /100

For Life Insurance Carl Cradic

Amount $ 100767.19 ☐ CASH ☑ CHECK No. 101

SIGNED M C Sandidge

OFFICIAL TITLE

Americo Life Inc.
Claims Department
P.O. Box 410288
Kansas City, MO 64141-0288

AMERICO

TOWN OF MT CARMEL
GARY LAWSON MAYOR &
MARIAN SANDIDGE CITY RECORDER
PO BOX 1421
MT CARMEL TN 37645

20061784	10/15/2009
PRIMARY ACCOUNT NUMBER	STATEMENT CLOSING DATE

TAX ID NO: -

FINANCIAL ACCESS ACCOUNT NO. 20061784

BALANCE LAST STATEMENT	CREDITS NO.	CREDITS TOTAL AMOUNT	CHECKS AND DEBITS NO.	CHECKS AND DEBITS TOTAL AMOUNT	BALANCE THIS STATEMENT
0.00	2	100,767.19	0	0.00	100,767.19

ACCOUNT TRANSACTIONS

DATE	AMOUNT	BALANCE	DESCRIPTION
10/09	100,757.53	100,757.53	DEPOSIT-CASH
10/15	9.66	100,767.19	CREDIT-INTEREST

RATE HISTORY

DATE	RATE	DATE	RATE	DATE	RATE
10/09	0.500%				

****** CURRENT INTEREST RATE 0.500% ******
****** INTEREST CREDITED YEAR-TO-DATE 9.66 ******

EFFECTIVE IMMEDIATELY, WE WILL NOW SEND YOUR ACCOUNT STATEMENTS ONCE A QUARTER. IF THERE IS ACCOUNT ACTIVITY WITHIN ANY GIVEN MONTH,YOU WILL STILL RECEIVE AN ACCOUNT STATEMENT FOR THE MONTH.

********** END OF STATEMENT **********

TOWN OF MT CARMEL
GARY LAWSON MAYOR &
MARIAN SANDIDGE CITY RECORDER
PO BOX 1421
MT CARMEL TN 37645

AMERICO 101

5-2/110

10/20/2009
Date

Pay to the order of Town of Mount Carmel $ 100,767.19

one hundred thousand seven hundred sixty seven dollars & 19/100s Dollars

Security Features Details on Back

FINANCIAL ACCESS ACCOUNT
PAYABLE THROUGH
STATE STREET BANK AND TRUST COMPANY
BOSTON, MA 02107

NOT VALID FOR LESS THAN $250

For Life Insurance - Carl Cradic

Gary Lawson MP

⑈0110000 28⑈0101 00 2006 1784⑈ 201 Marian Sandidge

Harland Clarke

NOTICE: See reverse side for reconciliation of this statement and important information. 708-2

TOWN OF MOUNT CARMEL

Check: 110-019530 Date: 10/26/2009 Vendor: 000000 EMILY JEAN CRADIC

PORDER	ACCOUNT CODE	LIQ AMOUNT	INVOICE NUMBER	INVOICE MEMO	INV DATE	PAYMENT AMOUNT
	41000 511 00 000 0000 000		AMERICO 457		10/26/09	100,767.19
						$100,767.19

457 INSURANCE CHECK

19530

TOWN OF MOUNT CARMEL
P.O. BOX 1421
100 E. MAIN ST.
MOUNT CARMEL, TN 37645
(423) 357-7311

FIRST COMMUNITY BANK
CHURCH HILL, TN 37642
87-407/642

110-019530

10/26/2009	$100,767.19
DATE	AMOUNT

EXACTLY $100,767 DOLLARS AND 19 CENTS

PAY TO THE ORDER OF

EMILY JEAN CRADIC
160 DYKES RD
CHURCH HILL, TN 37642

Gary Lawson
Martha L. Sandidge
AUTHORIZED SIGNATURE

⑈019530⑈ ⑆064204075⑆ 201 344 9⑈