

INFORMATION SERVICES AGREEMENT **Adoption Agreement**

The undersigned, by executing this Adoption Agreement, agree to become parties to the INFORMATION SERVICES AGREEMENT. This Agreement is made by and between the undersigned Employer, as sponsor of the Plan (as indicated below) and the ACCG - GOVERNMENT EMPLOYEE BENEFITS CORPORATION ("GEBCORP") as the third party service provider to the Plan and THE CHARLES SCHWAB TRUST COMPANY ("CSTC"), as trustee of the trust fund under the Plan. The undersigned, in executing this Adoption Agreement agree to all of the obligations, responsibilities and duties imposed upon each of them under the INFORMATION SERVICES AGREEMENT which is attached hereto and made a part hereof and agree that the INFORMATION SERVICES AGREEMENT becomes binding upon them when this executed Adoption Agreement is received and accepted by THE CHARLES SCHWAB TRUST COMPANY at its business office in San Francisco, California.

4. Name of Employer: **Douglas County**

5. Name of Plan: **ACCG 401(a) Defined Contribution Plan for the Employees of Douglas County**

6. Address of Employer: **8700 Hospital Drive
Douglasville, GA 30134**

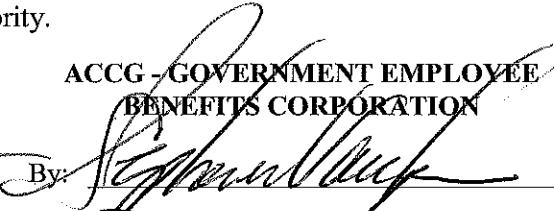
7. Party for Notice: **Chairman, Board of Commissioners**

IN WITNESS WHEREOF, the Employer, GEBCORP and CSTC have caused this Adoption Agreement to be executed as of the date set forth below, by and through their duly authorized officers or appropriate governing authority.

**DOUGLAS COUNTY
EMPLOYER**

By: 
Title: Chairman
Date: 12-16-08

**ACCG - GOVERNMENT EMPLOYEE
BENEFITS CORPORATION**

By: 
Title: President & CEO
Date: 12-16-08

ATTEST:
By: 
WITNESS

ATTEST:
By: 
WITNESS

THE CHARLES SCHWAB TRUST COMPANY

By: 
Title: SUE COHEN
Title: TRUST OFFICER
Date: 1/26/09

ATTEST:
By: 
WITNESS



401(a) DEFINED CONTRIBUTION PROGRAM

DIRECTED EMPLOYEE BENEFIT TRUST AGREEMENT **Adoption Agreement**

The undersigned Employer, a sponsoring employer of the ACCG 401(a) Defined Contribution Program, by executing this Adoption Agreement, agrees to become a party to the DIRECTED EMPLOYEE BENEFIT TRUST AGREEMENT (the "TRUST AGREEMENT"). The Employer agrees to abide by all of the terms and conditions of the TRUST AGREEMENT in full as if it were a signatory to it and agrees that the TRUST AGREEMENT becomes binding upon it when this executed Adoption Agreement is received and accepted by the CHARLES SCHWAB TRUST COMPANY at its business office in San Francisco California.

- 1. Name of Employer:** **Douglas County**
- 2. Address of Employer:** **8700 Hospital Drive**
Douglasville, GA 30134
- 3. Name of Plan:** **ACCG 401(a) Defined Contribution Plan for
the Employees of Douglas County**

IN WITNESS WHEREOF, the Employer has caused this Adoption Agreement to be effective **January 1, 2009**, executed as of this 16th day of December, 2008 in its name, by and through the appropriate governing authority.

DOUGLAS COUNTY
EMPLOYER

By: 

Title: Chairman

Attest:

By: 
WITNESS

Accepted By: 
THE CHARLES SCHWAB TRUST COMPANY

SUE COHEN
TRUST OFFICER



401(a) DEFINED CONTRIBUTION PROGRAM