

Consent Action
EMSA Pension Plan B ("Plan") Fiduciary Assignment

The Authority wishes to name BOKF, NA as the Investment Fiduciary as defined in the EMSA Pension Plan B adoption agreement.

As fiduciary, BOKF assumes the responsibility/liability for deciding which investment vehicles will be included in the Plan based on the recommendations of BOK investment professionals. This will involve detail analysis of fund and fund manager performance, review and assessment of investment expenses and one-on-one guidance for Plan participants. The additional yearly cost to the Authority will be \$10,000.

Management feels that this is the best opportunity for Authority employees to maximize the value of their Plan investments and at the same time limit the exposure of the Authority to the risks associated with being a Pension Plan fiduciary.

**EMERGENCY MEDICAL SERVICES AUTHORITY
CONSENT ACTION OF THE DIRECTORS**

The Board of Directors of Emergency Medical Services Authority, (the "Authority"), hereby consent to and adopt the following resolutions:

Whereas, the Authority sponsors the tax qualified plan known as the Emergency Medical Services Authority Money Purchase Pension Plan (B) (the "Plan");

Whereas, the Authority wishes to name BOKF, NA as the Investment Fiduciary as defined in the Plan's adoption agreement.

With respect to the amendment of the Plan, the following resolutions are hereby adopted:

RESOLVED: That the Plan be amended in the form attached hereto, which amendment is hereby adopted and approved;

RESOLVED FURTHER: That the appropriate officials of the Authority be, and they hereby are, authorized and directed to execute said amendment on behalf of the Authority;

RESOLVED FURTHER: That the officials of the Authority be, and they hereby are, authorized and directed to take any and all actions and execute and deliver such documents as they may deem necessary, appropriate or convenient to effect the foregoing resolutions including, without limitation, causing to be prepared and filed such reports documents or other information as may be required under applicable law.

Dated this _____ day of _____, 2016.

The undersigned hereby certifies that the above resolution was passed by a vote at a meeting of the EMSA Board of Directors on February 22, 2017.

Julie Roberts, Secretary

EMERGENCY MEDICAL SERVICES AUTHORITY MONEY PURCHASE PENSION PLAN (B)

AMENDMENT ONE - 2017

WHEREAS, Emergency Medical Services Authority (the "Authority") maintains the Emergency Medical Services Authority Money Purchase Pension Plan (B) (the "Plan") for the benefit of certain of its employees; and

WHEREAS, Pursuant to Section 12.01 of the Plan, the Authority desires to amend the Plan;

NOW, THEREFORE, the Plan is hereby amended by substituting the following in the Adoption Agreement, effective as of February 1, 2017:

SECTION G. PLAN OPERATIONS

4. Plan Administration

- a. Designation of Plan Administrator (Section 11.01):
 - i. Plan Sponsor
 - ii. Committee appointed by Plan Sponsor
 - iii. Other: _____
- b. Establishment of procedures for the Plan Administrator and the Investment Fiduciary (Sections 11.01(c) and 11.02(c)):
 - i. Plan Administrator and Investment Fiduciary adopt own procedures
 - ii. Governing body of the Plan Sponsor sets procedures for Plan Administrator and Investment Fiduciary
- c. Type of indemnification for the Plan Administrator and Investment Fiduciary:
 - i. None - the Employer will not indemnify the Plan Administrator or the Investment Fiduciary
 - ii. Standard according to Section 11.06
 - iii. Provided pursuant to an outside agreement
- d. The following modifications shall be made to the duties of the applicable parties: The Plan Sponsor designates the Trustee to be the Investment Fiduciary of the Plan.

NOTE: H.4d may be used to reallocate duties between the Plan Sponsor and the Plan Administrator. It may also be used to designate additional parties to perform specific Plan Administrator and/or Plan Sponsor duties.

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed this _____ day of _____, 2017.

EMERGENCY MEDICAL SERVICES AUTHORITY:

Signature: _____

Print Name: _____

Title/Position: _____