

EXHIBIT "E"

STATEMENT OF INTENT: PLAN ADMINISTRATION – ROTH PROVISIONS

Plan Number: 30

Name of Employer: CITY OF JOPLIN State: MO

I. Employer Instructions Regarding Plan Administration

The employer instructs ICMA-RC to administer the Plan in accordance with the below elections as of the effective date specified in Section III below.

II. Roth Provisions

a. The Plan will offer Designated Roth Accounts as described in Article X.

Yes (default option) No

[Note: If you want to offer In-Plan Roth Conversions and/or Roth Elective Deferrals, you must check "Yes" above. If No is selected, skip the remainder of this section.]

b. The Plan will allow In-Plan Roth Conversions as provided in Section 10.05.

Yes (default option) No

c. Designated Roth Accounts will be available as a source for loans under the Plan (only applicable to plans that offer loans):

Yes No or N/A (default option)

III. Effective Date

This statement of intent shall be effective as of the following date: _____ / _____ / _____
Month Day Year

IV. Employer Signature

NAME OF OFFICIAL PLAN COORDINATOR (PLEASE PRINT): _____

SIGNATURE: _____

TITLE: _____

TELEPHONE NUMBER: _____

DATE: _____

EMAIL ADDRESS: _____

A copy of the completed statement of intent should be returned to ICMA-RC (retain the original for your records):

Fax to:
202-962-4601
ATTN: NBS Analyst

OR

Mail to:
ICMA-RC
ATTN: NBS Analyst
777 North Capitol Street, NE
Washington, DC 20002-4240