ADOPTING RESOLUTION

The undersigned authorized representative of Decatur ISD (the Employer) hereby certifies that the following resolutions were duly adopted by the Employer on the date specified below, and that such resolutions have not been modified or rescinded as of the signature date below:

RESOLVED, that the form of amended 403(b) Plan effective 12/31/2026, presented to this meeting is hereby approved and adopted and that an authorized representative of the Employer is hereby authorized and directed to execute and deliver to the Administrator of the Plan one or more counterparts of the Plan.

The undersigned further certifies that attached hereto is a true copy of Decatur ISD Voluntary 403(b) Plan as amended and restated.

Date: _____ By: _____

_____
[print name/title]