

AMENDMENT NUMBER TWO
TO THE
GALVESTON COUNTY EMPLOYEES' SOCIAL SECURITY REPLACEMENT PLAN

EFFECTIVE DATE: MAY 20, 2025

The plan document for the Galveston County Employees' Social Security Replacement Plan, which was effective January 3, 2025, is hereby amended as follows:

The plan document is amended to read:

31. **FORM OF DISTRIBUTIONS** (Plan Sections 6.5 and 6.6)

Distributions under the Plan may be made in (select all that apply; must select at least one):

- a. ☒ lump-sums
- b. ☐ substantially equal installments
- c. ☒ partial withdrawals, provided the minimum withdrawal is \$_____ (leave blank if no minimum)
- d. ☐ installments are only permitted for Participants or Beneficiaries who must receive required minimum distributions under Code §401(a)(9) except for the following (leave blank if no exceptions):
 - 1. ☐ Only Participants (and not Beneficiaries) may elect installments
 - 2. ☐ Other: _____ (e.g., installments are not permitted for death benefits. Must be definitely determinable and not subject to Employer discretion.)
- e. ☐ annuity: _____ (describe the form of annuity or annuities)
- f. ☒ other: substantially equal installments over a period of not more than a Participant's assumed life expectancy (or the assumed life expectancies of a Participant and the Participant's beneficiary). Once installment payments have begun, a Participant may change their election at any time as long as their new election is otherwise consistent with the terms of the Plan and does not otherwise violate the Internal Revenue Code. (must be definitely determinable and not subject to Employer discretion)

NOTE: Regardless of the above, a Participant is not required to request a withdrawal of his or her total Account for an in-service distribution, a hardship distribution, or a distribution from the Participant's Rollover Account.

Cash or property. Distributions may be made in:

- g. ☒ cash only, except for annuity contracts, insurance contracts or, as permitted by the Plan's loan procedures, Participant loans.
- h. ☐ cash or property, except that the following limitation(s) apply: (leave blank if there are no limitations on property distributions):
 - 1. ☐ _____ (must be definitely determinable and not subject to Employer discretion)

Joint and Survivor Annuity provisions. (Plan Sections 6.5(e), 6.5(f), and 6.6(f)) The Joint and Survivor Annuity provisions do not apply to the Plan unless selected below (choose if applicable)

- i. ☐ **Joint and Survivor Annuity applicable as normal form of distribution.** The Joint and Survivor annuity rules set forth in Plan Sections 6.5(e) and 6.5(f) apply to all Participants (if selected, then annuities are a form of distribution under the Plan even if e. above is not selected)
- j. ☐ **Joint and Survivor Annuity rules apply based on Participant election.** Plan Section 6.5(f) will apply and the joint and survivor rules of Code §§401(a)(11) and 417 (as set forth in Plan Sections 6.5(e) and 6.6(f) will apply only if an annuity form of distribution is selected by a Participant.)

AND, if i. or j. is selected above, the one-year marriage rule does not apply unless selected below (choose if applicable).

- 1. ☐ The one-year marriage rule applies.

Spousal consent requirements. Spousal consent is not required for any Plan provisions (except as otherwise elected in i. above for the joint and survivor annuity rules) unless selected below (choose if applicable)

- k. ☐ **Required for all distributions.** A Spouse must consent to all distributions (other than required minimum distributions).
- l. ☐ **Beneficiary designations.** A married Participant's Spouse will be the Beneficiary of the entire death benefit unless the Spouse consents to an alternate Beneficiary.

AND, if k. or l. is selected, the one-year marriage rule does not apply unless selected below (choose if applicable).

- 1. ☐ The one-year marriage rule applies.

Any provisions not included in this amendment remain in full force and effect as stated in current plan documents. The County of Galveston, Texas has caused its name to be signed by its duly authorized officer to evidence adoption of this plan amendment as of the date designated below.

Employer/Plan Administrator
The County of Galveston, Texas

By: _____

Title: _____

Date: _____