

**ACCG 457 DEFERRED COMPENSATION PLAN  
AND TRUST AGREEMENT**

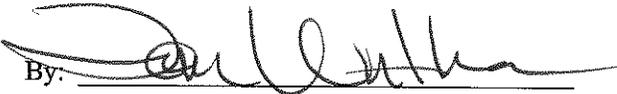
**Adoption Agreement**

The undersigned Employer, by executing this Adoption Agreement, elects to become a sponsoring employer of the ACCG 457 Deferred Compensation Program. By adopting the accompanying Plan and Trust Agreement, the Employer agrees to abide by each of their terms and conditions in full as if it were a signatory to those agreements 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 457 Deferred Compensation Plan for  
Douglas County

IN WITNESS WHEREOF, the Employer has caused this Plan to be effective **January 1, 2009**, executed as of this 16 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:  SUE COHEN  
THE CHARLES SCHWAB TRUST COMPANY TRUST OFFICER



457 DEFERRED COMPENSATION PROGRAM

## 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. **Address of Employer:** 8700 Hospital Drive  
Douglasville, GA 30134
6. **Name of Plan:** ACCG 457 Deferred Compensation Plan for  
Douglas County
7. **Party for Notice:** Chairman, Board of Commissioners

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

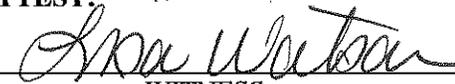
**DOUGLAS COUNTY  
EMPLOYER**

By: 

Title: CHAIRMAN

Date: 1/2/09

**ATTEST:**

By:   
WITNESS

**ACCG - GOVERNMENT EMPLOYEE  
BENEFITS CORPORATION**

By: 

Title: Resident CEO

Date: 2/3/09

**ATTEST:**

By:   
WITNESS

**THE CHARLES SCHWAB TRUST COMPANY**

By: 

Title: SUE COHEN  
TRUST OFFICER

Date: 1/26/09

**ATTEST:**

By:   
WITNESS

