

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**ITEM: 3.22  
(ID # 22318)**

**MEETING DATE:**  
Tuesday, July 11, 2023

**FROM :** HUMAN RESOURCES:

**SUBJECT:** HUMAN RESOURCES: 401(a) County of Riverside Part-Time and Temporary Employees' Retirement Plan – Certificate of Authority between the County of Riverside and U.S. Bank National Association, All Districts. [\$0, Source of Funds - Plan Assets]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the Certificate of Authority for delegating signing authority to the Director of Human Resources to execute agreements, amendments, and forms, and give instructions with respect to all transactions with U.S. Bank National Association for the 401(a) County of Riverside Part-Time and Temporary Employees' Retirement Plan.
2. Authorize the Chairman to sign three (3) copies of the Certificate of Authority, retain one (1) copy of the document, and return two (2) copies to Human Resources for distribution.
3. Approve the Authorized Signers (Plan) Form for delegating decision-making authority to the Director of Human Resources Director to select and list authorized persons to provide instruction and act on behalf of the County of Riverside under the Agreement with U.S. Bank National Association for the 401(a) County of Riverside Part-Time and Temporary Employees' Retirement Plan.

**ACTION:**Policy


  
Michael Bowers, Assistant HR Director 6/28/2023

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Perez, seconded by Supervisor Jeffries and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Perez and Gutierrez  
Nays: None  
Absent: Washington  
Date: July 11, 2023  
xc: H.R.

Kimberly A. Rector  
Clerk of the Board  
By:   
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
STATE OF CALIFORNIA**

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> Plan Assets			<b>Budget Adjustment:</b>	No
			<b>For Fiscal Year:</b> 23/24	

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

The 401(a) County of Riverside Part-Time and Temporary Employees' Retirement Plan is designed to pay benefits in lieu of Social Security in compliance with Internal Revenue Code Section 3121(b)(7), for those employees excluded from participating in CalPERS.

U.S. Bank, as the Plan's Trustee, and responsible for the safekeeping of assets, transaction settlements, consolidated accounting and reporting, and payment distribution among other duties. U.S. Bank has provided investment consultations, investment manager, and trustee services for the Plan since being appointed as the Trustee.

On July 1, 2023, U.S. Bank Institutional Trust & Custody (IT&C) will implement a new requirement for disbursement requests. Any disbursement request that requires a verbal verification must be completed by an authorized signer other than the authorized signer who requested the disbursement.

U.S. Bank is asking that we update our list of authority. That the Board authorize our Human Resources Director to select, update, and list authorize persons from time to time as needed to carry out the purposes of the agreement.

The County's Deferred Compensation Advisory Committee (the "Committee") has oversight responsibility of the Plan to ensure the financial stability of the Plan through prudent monitoring of Plan investments and performance.

**Impact on Residents and Businesses**

There is no impact on residents or businesses.

**Additional Fiscal Information**

None

**Contract History and Price Reasonableness**

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
STATE OF CALIFORNIA

**ATTACHMENTS:**

- A. Certificate of Delegated Authority
- B. Form – Authorized Signers (Plan)

*Katherine Wilkins*  
Katherine Wilkins, Deputy County Counsel 6/28/2023

**CERTIFICATE OF AUTHORITY**

Organization: County of Riverside (full legal name)

The Certifier (as defined below) hereby certifies to U.S. Bank National Association (“USBNA”) as follows:

1. The Certifier is a natural person; is responsible for maintaining the records and minutes of the Organization; has the power to identify individuals who are authorized, in the name of and on behalf of the Organization, to execute agreements and to give instructions with respect to all transactions; and, if the Organization is a corporation, is the Organization’s duly elected, qualified, and acting corporate secretary.
2. The following individual is authorized, in the name of and on behalf of the Organization, to execute agreements and to give instructions with respect to all transactions:

Michael Bowers  
(Printed name)

\_\_\_\_\_  
(Signature)

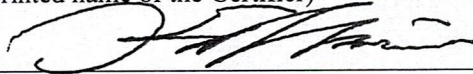
Director of Human Resources  
(Title)

Such authority is in full force and effect as of the date hereof and has not been modified, amended, or revoked, and includes, but is not limited to, the authority to execute the Organization’s agreements with USBNA, to give instructions under those agreements, and to authorize other individuals to give instructions under those agreements.

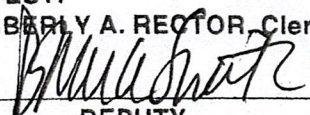
3. This Certificate complies with the Organization’s formation documents, governing documents, policies, procedures, and applicable law. This Certificate has been notarized if notarization is required by applicable law. The statements in this Certificate are true and correct. Amendment or revocation of this Certificate (i) may only be made by a written instrument and (ii) is not effective as to USBNA until USBNA has received that written instrument.

The Certifier hereby executes this Certificate on this 11<sup>th</sup> day of July, 20 23.

“Certifier”:  
KEVIN JEFFRIES  
(Printed name of the Certifier)

  
(Signature of the Certifier)

CHAIR, BOARD OF SUPERVISORS  
(Title of the Certifier)

**ATTEST:**  
KIMBERLY A. RECTOR, Clerk  
By   
DEPUTY

JUL 11 2023 3.22

CLERK'S COPY

FORM—AUTHORIZED SIGNERS (PLAN)

Riverside County Clerk of the Board, Stop 1010  
Post Office Box 1147, Riverside, Ca 92502-1147

Thank you.

This form applies to the U.S. Bank National Association (“USBNA”) account identified below and any sub-accounts therein (“Account”), which USBNA maintains under a trust or custody agreement with County of Riverside (“Customer”) (“Agreement”).

Account Name:	County of Riverside Temporary and Part-Time Employees' 401(a) Defined Benefit Retirement Plan
Account Number:	19-506550

Customer hereby:

1. Identifies 2 or more employees of Customer (or, if Customer is a board of trustees, then two or more of its trustees) who are authorized to act on Customer's behalf under the Agreement:

Full legal name:	Amy Onopas
Title:	Human Resources Division Manager
Street address (residential):	4080 Lemon Street, 1 <sup>st</sup> Floor
City, state, and zip code:	Riverside, California 92502
Direct phone number:	951-955-2274
Direct alternate phone number:	
Email address:	<a href="mailto:aonopas@rivco.org">aonopas@rivco.org</a>
Authority:	Full authority
Signature:	

Full legal name:	Sonia Moreno
Title:	Senior Human Resources Analyst
Street address (residential):	4080 Lemon Street, 1 <sup>st</sup> Floor
City, state, and zip code:	Riverside, California 92502
Direct phone number:	951-955-8696
Direct alternate phone number:	
Email address:	<a href="mailto:smoreno@rivco.org">smoreno@rivco.org</a>
Authority:	Full authority
Signature:	

Full legal name:	Jasmen Torres-Barrera
Title:	Human Resources Analyst
Street address (residential):	4080 Lemon Street, 1 <sup>st</sup> Floor
City, state, and zip code:	Riverside, California 92502
Direct phone number:	951-955-1528
Direct alternate phone number:	
Email address:	<a href="mailto:jtbarrera@rivco.org">jtbarrera@rivco.org</a>
Authority (check only one):	<input type="checkbox"/> Full authority <input checked="" type="checkbox"/> Benefit-distribution authority only <input type="checkbox"/> Call-back authority only
Signature:	

JUL 11 2023 3.22

And authorizes (Check A or B. If neither is checked or both are checked, then A and only A is deemed to be checked.):

- A. Each individual identified above acting alone
- B. Any two (2) individuals identified above acting together

To exercise such authority.

2. Attaches a certificate of authority with respect to the person who signs this form's signature block-below.
3. Authorizes the firm identified below ("Third-Party Agent") to act on Customer's behalf under the Agreement (but not to execute the Agreement or any amendment thereto or to terminate the Agreement); authorizes USBNA to rely on Third-Party Agent to identify Third-Party Agent employees who are authorized to act on Third-Party Agent's behalf; authorizes each such employee to act alone on Third-Party Agent's behalf under the Agreement; and acknowledges that USBNA will not enforce any limit on any such employee's authority to act on Third-Party Agent's behalf even if notified of such a limit and directed to enforce it.

Firm's full legal name:	
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4. Represents and warrants that each individual or agent identified above has the same authority with respect to the Plan Administrator (as defined in the Agreement) as set forth above with respect to Customer.
5. Certifies that all information in this form is complete and correct; acknowledges that USBNA will rely on this form until USBNA receives notice to the contrary under the Agreement, that the authority granted in this form is subject to applicable USBNA procedures, that USBNA will not enforce any dollar limit on disbursement authority even if notified of a dollar limit and directed to enforce it (other than dollar limits that have been entered into USBNA's online portal), and that the authority granted in this form to Third-Party Agent is subject to USBNA's receipt of Third-Party Agent's authorized-signers form in which Third-Party Agent's name is identical to its name stated above; provides this form according to the terms of the Agreement and applicable law; and amends and restates any existing authorized-signers form provided by Customer.

An authorized officer of Customer (and not a third-party agent on behalf of Customer) hereby executes this form.

**CUSTOMER (AS DEFINED IN THIS FORM)**

By: \_\_\_\_\_  
(Signature of Customer's authorized officer)

Michael Bowers  
(Printed name of Customer's authorized officer)

Its: Director of Human Resources  
(Title of Customer's authorized officer)

Dated: \_\_\_\_\_

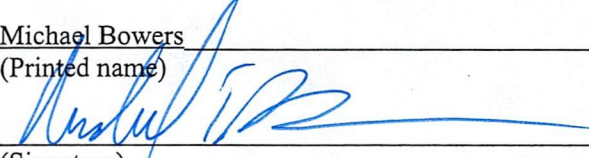
JUL 11 2023 3.22

**CERTIFICATE OF AUTHORITY**

Organization: County of Riverside (full legal name)

The Certifier (as defined below) hereby certifies to U.S. Bank National Association (“USBNA”) as follows:

- 1. The Certifier is a natural person; is responsible for maintaining the records and minutes of the Organization; has the power to identify individuals who are authorized, in the name of and on behalf of the Organization, to execute agreements and to give instructions with respect to all transactions; and, if the Organization is a corporation, is the Organization’s duly elected, qualified, and acting corporate secretary.
- 2. The following individual is authorized, in the name of and on behalf of the Organization, to execute agreements and to give instructions with respect to all transactions:


Michael Bowers  
(Printed name)  
  
(Signature)  
Director of Human Resources  
(Title)

Such authority is in full force and effect as of the date hereof and has not been modified, amended, or revoked, and includes, but is not limited to, the authority to execute the Organization’s agreements with USBNA, to give instructions under those agreements, and to authorize other individuals to give instructions under those agreements.

- 3. This Certificate complies with the Organization’s formation documents, governing documents, policies, procedures, and applicable law. This Certificate has been notarized if notarization is required by applicable law. The statements in this Certificate are true and correct. Amendment or revocation of this Certificate (i) may only be made by a written instrument and (ii) is not effective as to USBNA until USBNA has received that written instrument.

The Certifier hereby executes this Certificate on this 11<sup>th</sup> day of July, 2023.

“Certifier”:  
KEVIN JEFFRIES  
(Printed name of the Certifier)  
  
(Signature of the Certifier)  
CHAIR, BOARD OF SUPERVISORS  
(Title of the Certifier)

ATTEST:  
KIMBERLY A. RECTOR, Clerk  
By   
DEPUTY

JUL 11 2023 3.22

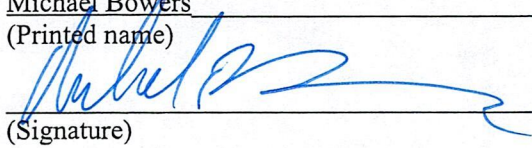


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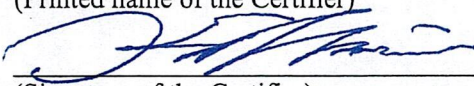
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Michael Bowers  
(Printed name)  
  
(Signature)  
Director of Human Resources  
(Title)

Such authority is in full force and effect as of the date hereof and has not been modified, amended, or revoked, and includes, but is not limited to, the authority to execute the Organization’s agreements with USBNA, to give instructions under those agreements, and to authorize other individuals to give instructions under those agreements.

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The Certifier hereby executes this Certificate on this 11<sup>th</sup> day of July, 20 23.

“Certifier”:  
EVIN JEFFRIES  
(Printed name of the Certifier)  
  
(Signature of the Certifier)  
CHAIR, BOARD OF SUPERVISORS  
(Title of the Certifier)

**ATTEST:**  
**KIMBERLY A. RECTOR, Clerk**  
By   
**DEPUTY**

JUL 11 2023



WHEN DOCUMENT IS FULLY EXECUTED RETURN

CLERK'S COPY

to Riverside County Clerk of the Board, Stop 1010  
Post Office Box 1147, Riverside, Ca 92502-1147

Thank you.

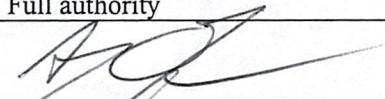
FORM—AUTHORIZED SIGNERS (PLAN)

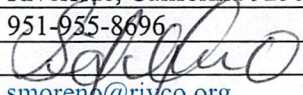
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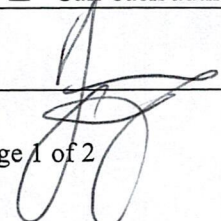
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Account Number:	19-506550

Customer hereby:

1. Identifies 2 or more employees of Customer (or, if Customer is a board of trustees, then two or more of its trustees) who are authorized to act on Customer's behalf under the Agreement:

Full legal name:	Amy Onopas
Title:	Human Resources Division Manager
Street address (residential):	4080 Lemon Street, 1 <sup>st</sup> Floor
City, state, and zip code:	Riverside, California 92502
Direct phone number:	951-955-2274
Direct alternate phone number:	
Email address:	<a href="mailto:aonopas@rivco.org">aonopas@rivco.org</a>
Authority:	Full authority
Signature:	

Full legal name:	Sonia Moreno
Title:	Senior Human Resources Analyst
Street address (residential):	4080 Lemon Street, 1 <sup>st</sup> Floor
City, state, and zip code:	Riverside, California 92502
Direct phone number:	951-955-8696
Direct alternate phone number:	
Email address:	<a href="mailto:smoreno@rivco.org">smoreno@rivco.org</a>
Authority:	Full authority
Signature:	

Full legal name:	Jasmen Torres-Barrera
Title:	Human Resources Analyst
Street address (residential):	4080 Lemon Street, 1 <sup>st</sup> Floor
City, state, and zip code:	Riverside, California 92502
Direct phone number:	951-955-1528
Direct alternate phone number:	
Email address:	<a href="mailto:jtbarrera@rivco.org">jtbarrera@rivco.org</a>
Authority (check only one):	<input type="checkbox"/> Full authority <input checked="" type="checkbox"/> Benefit-distribution authority only <input type="checkbox"/> Call-back authority only
Signature:	

JUL 11 2023 3.22

And authorizes (Check A or B. If neither is checked or both are checked, then A and only A is deemed to be checked.):

- A. Each individual identified above acting alone  
 B. Any two (2) individuals identified above acting together

To exercise such authority.

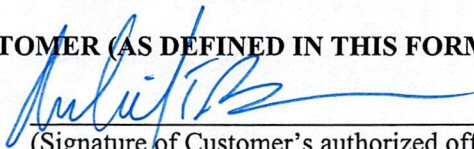
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Firm's full legal name: \_\_\_\_\_

4. Represents and warrants that each individual or agent identified above has the same authority with respect to the Plan Administrator (as defined in the Agreement) as set forth above with respect to Customer.
5. Certifies that all information in this form is complete and correct; acknowledges that USBNA will rely on this form until USBNA receives notice to the contrary under the Agreement, that the authority granted in this form is subject to applicable USBNA procedures, that USBNA will not enforce any dollar limit on disbursement authority even if notified of a dollar limit and directed to enforce it (other than dollar limits that have been entered into USBNA's online portal), and that the authority granted in this form to Third-Party Agent is subject to USBNA's receipt of Third-Party Agent's authorized-signers form in which Third-Party Agent's name is identical to its name stated above; provides this form according to the terms of the Agreement and applicable law; and amends and restates any existing authorized-signers form provided by Customer.

An authorized officer of Customer (and not a third-party agent on behalf of Customer) hereby executes this form.

**CUSTOMER (AS DEFINED IN THIS FORM)**

By:   
(Signature of Customer's authorized officer)

Michael Bowers  
(Printed name of Customer's authorized officer)

Its: Director of Human Resources  
(Title of Customer's authorized officer)

Dated: 08/9/2023