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| **State of Wisconsin**  **Department of Employee Trust Funds**  4822 Madison Yards Way  Madison, WI 53705-9100  P. O. Box 7931  Madison, WI 53707-7931 |

Contract by Authorized Board

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| **Commodity or Service:**  FDIC-Insured Investment Option | **Contract No./Request for Proposal No:**  ETJ0050 |
| **Authorized Board: Deferred Compensation Board** | |
| **Contract Period:** xxxx - xxxx with the option for renewal for xxxx | |

1. This Contract is entered into by the State of Wisconsin Department of Employee Trust Funds (Department) on behalf of the State of Wisconsin Deferred Compensation Board (Board), and xxx (Contractor). Contractor’s address and principal officer appear below. The Department is the sole point of contact for this Contract.

2. Whereby the Department agrees to direct the purchase and Contractor agrees to supply the Contract requirements in accordance with the documents specified in the order of precedence below, which are hereby made a part of this Contract by reference.

3. For purposes of administering this Contract, the order of precedence is:

(a) This Contract;

(c) Department Terms and Conditions;

(d) Request for Proposal (RFP) ETJ0050 dated xxx; and,

(e) Contractor’s proposal dated xxxx.

**Contract Number & Service: ETJ0050 FDIC-Insured Investment Option**

**This Contract shall become effective upon the date of last signature below (the “Effective Date”).**

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| **State of Wisconsin** |  | **Contractor** |
| **Department of Employee Trust Funds** |
|  |  | **Legal Company Name** |
|  |  |
| **Signature** | **Trade Name** |
|  |  |
| **Name/Title** | **Taxpayer Identification Number** |
| Robert J. Conlin, Secretary  Department of Employee Trust Funds |  |
| **Phone** 608.266.0301 | **Company Address *(City, State, Zip)*** |
|  |
| **Date *(MM/DD/CCYY)*** | **Name/Title** |
|  |  |
|  | **Signature** |
|  |  |
|  |  | **Date (MM/DD/CCYY)** |
|  |  |  |
|  |  | **Phone** |
|  |  |  |