



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

Commodity or Service:

Wisconsin Deferred Compensation Program

Contract No./Request for Proposal No:

ETJ0061

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;
 - (b) Exhibit A, Contract Clarifications;
 - (c) Department Terms and Conditions dated 07-01-2020 version WDC RFP;
 - (d) Request for Proposal (RFP) ETJ0061 dated xxx; and,
 - (e) Contractor's proposal dated xxx.

Contract Number & Service: ETJ0061 Wisconsin Deferred Compensation Program

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

State of Wisconsin Department of Employee Trust Funds
Authorized Board: Deferred Compensation Board
By <i>(Name)</i> :
Signature:
Date of Signature:
Contact A. John Voelker, ETF Secretary, if questions arise: (608) 266-9854

Contractor
Legal Company Name:
Trade Name:
Taxpayer Identification Number: xxx
Contractor Address (Street Address, City, State, Zip):
Name & Title (print name and title of person authorized to legally sign for and bind Contractor):
Signature:
Date of Signature:
Email:
Phone: