NORTH SHORE BANK DEFERRED COMPENSATION PLAN AMENDMENT "Salary Reduction Agreement" Email: retirement@northshorebank.com Fax: 262-787-6802

Name			
Address			
City	State	Zip Code	
Phone (H)(W)(C)			
Email			
Employer Name			
Maximum Annual Deferral: Maximum Annual Deferral shall not exceed the lesser of: a.) 100% of Participant's includible compensation for the year OR b.) The "applicable dollar amount"; 2016\$18,000 PLUS: To include eligible catch-up contributions: Please check "if" this deferral includes the use of catch-up contributions for			
DEPOSIT DIRECTIVE : I authorize my Employer to defer the total of \$per pay period crediting to the investment(s) indicated as follows: (this dollar amount will replace previous deferral amount)			
Model Portfolios* Minimum \$50 per pay period		FDIC Insured Certifica	
		. NSB Variable Rate . NSB Blended Rate Term	\$ mo/year \$
	6	NSB Blended 5 years unless othe	
		•	
<i>Mutual Funds</i> * Minimum \$10 per pay period			
1 0		. Federated Total Return Bo	
		I. EuroPacific Growth R3	\$
		. Goldman Sachs Small Cap	
e		• MFS Mid Cap Growth R3	\$
e		. Nicholas Equity Income Fu	
		American Fundamental In	
		Undiscovered Mgrs Behav	ioral Value A \$
	5		
K. Janus Triton R	5 Y	BlackRock LifePath	\$
		(Circle one 2020, 2030, 2040, 20	50)
*All mutual fund investment options provided within this plan are: not insured by the FDIC or any other agency of the United States or the bank; are not deposits or other obligations of the institution and are not guaranteed by North Shore Bank; and are subject to investment risks, including loss of principal. Neither the EMPLOYER nor North Shore can provide any level of assurance that these funds will perform in a specific manner.			
EMPLOYEE Signature		D	ate
EMPLOYER Signature/title		D	ate

White - Employer

Pink - Employee