



NORTH SHORE BANK

ASSET REALLOCATION FORM – HEARTLAND FUNDS

Post-Employment Health Reimbursement Plan (HRA)

Phone: 414-964-3390 Fax: 262-787-6802

1. Employer Information

Employer Name: _____

2. Personal Information (please print)

Name: _____ Last 4 of SSN: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

3. Asset Allocation Request

REQUEST TO OPEN PROMOTIONAL CD: _____ month CD in the amount of _____ dollars.

(Find CD rates online at northshorebank.com or call 414-964-3390 for current promotional rates.)

REQUEST TO PURCHASE HEARTLAND FUNDS:

I hereby authorize the reallocation of funds from my NSB Health Reimbursement Account # _____ to:

\$ _____ or _____ % Value Fund \$ _____ or _____ % Mid Cap Value Fund

\$ _____ or _____ % Value Plus Fund

REQUEST TO REDEEM HEARTLAND FUNDS:

I hereby authorize the reallocation of funds from Heartland Funds:

\$ _____ or _____ % Value Fund \$ _____ or _____ % Mid Cap Value Fund

\$ _____ or _____ % Value Plus Fund

To: North Shore Bank Health Reimbursement Account # _____

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 Bank can provide any level of assurance that these funds will perform in a specific manner.

4. Signature

Participant or Claimant:

Signature: _____ Date Signed: _____

Submission Instructions

Return via mail or fax to:

North Shore Bank
15700 W Bluemound Road Suite 400
Brookfield WI 53005
Fax: 262-787-6802

Questions? Contact Retirement Services: 414-964-3390