

NORTH SHORE BANK
DEFERRED COMPENSATION PLAN AMENDMENT
“In Plan Transfer”

Email: retirement@northshorebank.com Fax: 262-787-6802

Name Social Security #
 Address
 City State Zip Code
 Phone (H)(W)(C)
 Email
 Employer Name

IN PLAN TRANSFER: I authorize the transfer of funds from:

_____ **to:**

Model Portfolios*

- N. Conservative \$
- O. Moderate \$
- P. Aggressive \$

FDIC Insured Certificates

- A. NSB Variable Rate \$
- B. NSB Blended Rate Term ___mo/year \$
 NSB Blended 5 years unless otherwise specified

Mutual Funds*

- | | | | |
|----------------------------------|-------------------------|---|-------------------------|
| C. BlackRock Equity Dividend | \$ <input type="text"/> | L. Federated Total Return Bond | \$ <input type="text"/> |
| D. TAP Stock Index | \$ <input type="text"/> | M. EuroPacificGrowthR3 | \$ <input type="text"/> |
| E. Nicholas Fund | \$ <input type="text"/> | Q. Goldman Sachs Small Cap Value Inst | \$ <input type="text"/> |
| F. TAP Large Core | \$ <input type="text"/> | S. MFS Mid Cap Growth R3 | \$ <input type="text"/> |
| G. TAP Large Growth | \$ <input type="text"/> | T. Nicholas Equity Income Fund | \$ <input type="text"/> |
| H. TAP Mid Value | \$ <input type="text"/> | U. American Fundamental Investors R-4 | \$ <input type="text"/> |
| I. Nicholas II Fund | \$ <input type="text"/> | V. Undiscovered Mgrs Behavioral Value A | \$ <input type="text"/> |
| J. Nicholas Limited Edition Fund | \$ <input type="text"/> | | |
| K. Janus Triton R | \$ <input type="text"/> | Y. BlackRock LifePath | \$ <input type="text"/> |

(Circle one 2020, 2030, 2040, 2050)

*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 _____ **Date** _____