

NORTH SHORE BANK - IRC 457(b) DEFERRED COMPENSATION Enrollment Form/Amendment

Return form: Fax: 262-787-6802 or

Mail: North Shore Bank, 15700 W Bluemound Rd., Suite 400, Brookfield WI 53005
414-964-3390

Please Check ONE

New Amend Contribution One Time Contribution (Sick/Vac Payout) _____
Final Pay Date

I. PERSONAL INFORMATION (PLEASE PRINT)

Last Name _____ First Name _____ MI _____
 Address _____ City _____ State ____ Zip Code _____
 Social Security # _____ Date of Birth _____
 Work Phone _____ Personal Phone _____ Email _____
 Employer Name _____

II. AMOUNT OF DEFERRAL \$ _____ per pay period
 Minimum \$10 per pay period

INVESTMENT OPTIONS:

1. **Model Portfolios***: Minimum \$50 per pay period
 - N. Conservative \$ _____
 - O. Moderate \$ _____
 - P. Aggressive \$ _____
2. **FDIC Insured Certificates:** Minimum \$10 per pay period
 - A. NSB Variable Rate \$ _____
 - B. NSB Blended Rate Term ____ mo./year \$ _____
3. **Individual Selected Funds***: Minimum \$10 per pay period per fund
 - C. BlackRock Equity Dividend R \$ _____
 - D. Transamerica Stock Index R \$ _____
 - E. Nicholas Fund \$ _____
 - F. Transamerica Large Core R \$ _____
 - G. Transamerica Large Growth R \$ _____
 - H. Transamerica Mid Cap Value Opp R \$ _____
 - I. Nicholas II Fund \$ _____
 - J. Nicholas Limited Edition Fund \$ _____
 - K. Janus Henderson Triton R \$ _____
 - L. Federated Total Return Bond \$ _____
 - M. American Funds EuroPacific Growth R3 \$ _____
 - Q. Goldman Sachs Small Cap Value Instl \$ _____
 - S. MFS Mid Cap Growth R3 \$ _____
 - T. Nicholas Equity Income Fund \$ _____
 - U. American Funds Fundamental Investors R4 \$ _____
 - V. Undiscovered Mgrs Behavioral Value A \$ _____
 - Y. BlackRock LifePath Dynamic 20 _____ \$ _____
 (Select one: 2020, 2030, 2040, 2050)

TOTAL PER PAY PERIOD \$ _____

Maximum Annual Deferral shall not exceed the lesser of:
 100% of Participant's includible compensation for the year OR for 2017: \$18,000

Please see Fund Returns Sheet for Plan Disclosures and information to request Prospectus.

III. BENEFICIARY DESIGNATION

NAME _____	PRIMARY/SECONDARY (CIRCLE ONE)
DOB _____	Relationship _____
NAME _____	PRIMARY/SECONDARY (CIRCLE ONE)
DOB _____	Relationship _____
NAME _____	PRIMARY/SECONDARY (CIRCLE ONE)
DOB _____	Relationship _____

*The investment options provided within this plan are NOT a deposit or other obligation of North Shore Bank or its affiliates; are NOT guaranteed by North Shore Bank or its affiliates; are NOT insured by the FDIC or any other agency of the United States; are subject to investment risk, including possible loss of value. Neither the Employer nor North Shore Bank can provide any level of assurance that these funds will perform in a specific manner. Last fund update June 2017.

EMPLOYEE Signature _____ Date: _____

EMPLOYER Signature/title _____ Effective Payroll Date: _____