

# 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 \$ \_\_\_\_\_
  - R. Eaton Vance High Income Opp A \$ \_\_\_\_\_
  - S. MFS Mid Cap Growth R3 \$ \_\_\_\_\_
  - T. Nicholas Equity Income Fund \$ \_\_\_\_\_
  - U. American Funds Fundamental Investors R4 \$ \_\_\_\_\_
  - V. Undiscovered Mgrs Behavioral Value A \$ \_\_\_\_\_
  - X. Cohen & Steers Real Estate Securities A \$ \_\_\_\_\_
  - Y. \*T.Rowe Price Retirement 20 \_\_\_\_ R \$ \_\_\_\_\_

\*See fund return sheet to pick year closest to retirement date

**TOTAL PER PAY PERIOD** \$ \_\_\_\_\_

**Maximum Annual Deferral shall not exceed the lesser of:**  
 100% of Participant's includible compensation for the year OR for 2019: \$19,000

**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 2018.

EMPLOYEE Signature \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYER Signature/title \_\_\_\_\_ Effective Payroll Date: \_\_\_\_\_