NORTH SHORE BANK

457(b) ENROLLMENT FORM / AMENDMENT

Return completed form by fax or U.S. mail.
North Shore Bank, 15700 W Bluemound Rd, Brookfield WI 53005
Fax: 262-787-6802 Phone: 414-964-3390

I. PERSONAL INFORMATION

Name: _____ Social Security #: _____

Address: _____ City: _____ Zip: _____

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

Email Address: _____

Employer Name: _____

II. PLEASE CHECK ONE OF THE FOLLOWING:

☐ New Enrollment ☐ Amend Contribution ☐ One-Time Contribution (Sick/Vacation Payout) _____ Final Pay Date

III. DEFERRAL AMOUNT AND INVESTMENT SELECTION

	Tax-Deferred (Pretax)	Roth (After Tax)
Amount of Deferrals	$	$
Investment Options		
1. Model Portfolios* (Minimum $50 per pay period)		
N. Conservative	$	$
O. Moderate	$	$
P. Aggressive	$	$
2. FDIC Insured Certificates of Deposit (Minimum $10 per pay period)		
A. North Shore Bank Variable Rate	$	
B. North Shore Bank Blended Rate	$	
Term _____mo./year		
3. Individual Selected Funds* (Minimum $10 per pay period per fund)		
Z. Federated Hermes US Treasury Cash Reserves	$	$
C. BlackRock Equity Dividend R	$	$
D. Transamerica Stock Index R	$	$
E. Nicholas Fund	$	$
F. MFS Research R2	$	$
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 Hermes Total Return Bond	$	$
M. American Funds EUPAC 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**	$	$
Total Per Pay Period	$	$

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

Maximum annual deferral shall not exceed the lesser of:
100% of Participant's includible compensation for the year, or for 2026: $24,500

Aggregate Roth Adjusted Gross Income Limit: $150,000

Please see Investment Performance Summary for Plan Disclosures and information to request prospectus.

IV. BENEFICIARY DESIGNATION

Name: _____
DOB: _____ Relationship: _____
Check One: ☐ Primary ☐ Secondary

Name: _____
DOB: _____ Relationship: _____
Check One: ☐ Primary ☐ Secondary

Name: _____
DOB: _____ Relationship: _____
Check One: ☐ Primary ☐ Secondary

Name: _____
DOB: _____ Relationship: _____
Check One: ☐ Primary ☐ Secondary

*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: January 2026

Employee Signature: _____ Date: _____

Employer Signature/Title: _____ Effective Payroll Date: _____