

Initial Enrollment Form

Calhoun County Retirement Savings Plan

664155

Employee Full Name (please print)		Social Security Number	
Street Address	Email Address		Daytime Phone Number
City	State	Zip	
Date of Birth	Date of Hire	Date of Rehire (if applicable)	

Participant Contribution Election

I authorize my employer to deduct the following amount from my eligible compensation each payroll period for deposit into the Plan.

- Regular deferrals (pre-tax). I understand the amount of deferrals I have elected in this Salary Reduction Agreement will reduce my current compensation which is includible in income for the taxable year of the deferral.
Deduct _____% or \$_____ of eligible compensation.

(If you are age 50 or older, or will be by the end of the calendar year, and would like to contribute catch-up contributions, please include the amount in the election above.)

- I do not wish to contribute to the Plan at this time.

Salary reductions may be stopped any day of the plan year. Salary reductions may be increased or decreased as of the first day of any month.

Investment Election

- I understand this is my initial investment election and it will apply to future deposits (contributions, loan payments and rollovers) to Alerus Retirement Solutions (ARS).
- If I do not complete this form in a timely manner, my future deposits will be invested in the default fund until I initiate a change electronically.
- I understand that all changes to investment elections for future deposits and existing balances must be done electronically by telephone or Internet. However, if I elect YES in the Automated Account Realignment section below, the investment election on this form will be used to create an automated account realignment transaction and my entire existing account will be realigned on a fixed schedule according to the percentages stored in my automated account realignment transaction.

Choose either (A) INVESTMENT PROGRAM MODELS or (B) CUSTOM PORTFOLIO.

(A) INVESTMENT PROGRAM MODELS

Portfolio Name	I/C	Select One
Very Conservative Portfolio (IPM)	6A	<input type="checkbox"/>
Conservative Portfolio (IPM)	6B	<input type="checkbox"/>
Moderately Conservative Portfolio (IPM)	6K	<input type="checkbox"/>
Moderately Aggressive Portfolio (IPM)	6P	<input type="checkbox"/>
Aggressive Portfolio (IPM)	6S	<input type="checkbox"/>
Very Aggressive Portfolio (IPM)	6T	<input type="checkbox"/>

An Investment Program Model (IPM) is a pre-diversified portfolio (mix) of individual mutual funds. The Plan Sponsor and/or an independent investment manager select and monitor the type and allocation percentages of the mutual funds within the model. By choosing an IPM, you authorize the plan sponsor and/or investment manager to periodically change, on your behalf, the mutual funds and/or their allocation percentages in the IPM. The individual mutual funds used in each IPM are described in the Investment Program Models Information document. Investment Program Models are available for convenience only and are not a recommendation by the Employer, Trustees or other representatives.

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(B) CUSTOM PORTFOLIO

FUND NAME	TICKER	FUND TYPE	I/C	ALLOCATION
Vanguard Prime Money Market Inv	VMMXX	Money Market Taxable	HQ	%
Lord Abbett Short Duration Income I	LLDYX	Short-Term Bond	1A	%
RidgeWorth Seix US GovSec Ultr-Shrt Bd I	SIGVX	Ultrashort Bond	3A	%
American Century Diversified Bond Instl	ACBPX	Intermediate-Term Bond	2A	%
Dodge & Cox Income	DODIX	Intermediate-Term Bond	D5	%
Vanguard Total Bond Market Index Adm	VBTLX	Intermediate-Term Bond	KD	%
American Century Government Bond Inv	CPTNX	Intermediate Government	A2	%
Ivy High Income I	IVHIX	High Yield Bond	1T	%
Vanguard Balanced Index Adm	VBIAX	Moderate Allocation	IY	%
DFA US Large Cap Value I	DFLVX	Large Value	SR	%
Vanguard High Dividend Yield Index Inv	VHDYX	Large Value	3B	%
Vanguard 500 Index Admiral	VFIAX	Large Blend	VN	%
Franklin Growth Adv	FCGAX	Large Growth	1U	%
Vanguard Selected Value Inv	VASVX	Mid-Cap Value	HU	%
Janus Enterprise I	JMGRX	Mid-Cap Growth	4A	%
Vanguard Small Cap Index Adm	VSMAX	Small Blend	PF	%
DFA Global Equity I	DGEIX	World Stock	6O	%
Lord Abbett Intl Dividend Inc I	LAIIX	Foreign Large Value	1W	%
MFS® International Value A	MGIAX	Foreign Large Blend	1V	%
Oppenheimer International Growth Y	OIGYX	Foreign Large Growth	3P	%
DFA International Small Company I	DFISX	Foreign Small/Mid Blend	7A	%
MFS® International New Discovery R4	MIDJX	Foreign Small/Mid Growth	1X	%
Ivy Science & Technology I	ISTIX	Technology	1Y	%
DFA Real Estate Securities I	DFREX	Real Estate	SQ	%
JPMorgan Emerging Mkts Eq Instl	JMIEX	Diversified Emerging Mkts	1Z	%
<i>Use whole percents only. Percentages must total 100%.</i>				100 %

Automated Account Realignment I understand that by choosing the YES box below, the investment election on this form will be used to create an automated account realignment transaction and my entire existing account will be realigned on a fixed schedule according to the percentages stored in my automated account realignment transaction.

- YES, realign my account annually. *(Realignment will occur on an annual basis, on a date predetermined for the plan.)*
- NO, do not automatically realign my account.

Employee Signature I request that my participation in the above-named plan be made according to this direction until I initiate a change. I understand federal law and plan provisions may limit my salary reduction amount. I authorize the Plan Administrator to make adjustments as may be required to conform to plan provisions and applicable law. I understand I have a duty to review my pay records (ex. pay stub) to confirm the Employer properly implemented my salary reduction election. I also understand I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and my contribution election and that failure to report any discrepancy may result in a loss of or reduction in my ability to defer. I authorize the plan recordkeepers, trustees and/or fund managers to accept and act on any account or investment change I direct electronically by telephone or internet when proper identification and Personal Identification Number (PIN) are used.

Employee Signature _____ **Date** _____

Employer, please submit completed and signed form to Alerus Retirement Solutions via Plan Gateway's Submit Files menu at least two weeks prior to initial deposit. Access to Plan Gateway is located at <http://www.alerusretirementsolutions.com>. You may also send form by mail to P.O. Box 64533, St. Paul, MN 55164-0533.