

Employee 401(k) Deferral Agreement

Enrollment & Change Form

Tutorial Videos with Frequently Asked Questions

To assist in completing this document, we have prepared tutorial videos for each section. You can watch these videos:



1. In their entirety by clicking on the video icon to the right.
2. One section at a time by clicking on the small icons in the upper right hand corner of each section.

Overview

The following visual provides you an overview of the 401(k)'s three different account options. The attached forms will setup, manage and/or change your 401(k) for the Standard Account. **If you are interested in the investment options for #2 or #3, please contact North Star Advisory Group.*

Standard Account Option #1 includes:	Self-Directed Account* Option #2 includes:	Individual Annuity* Option #3 includes:
<ul style="list-style-type: none">• FDIC Money Market• Bond Funds• Equity Funds• Alternative Funds• Target Allocation Funds• Target Retirement Date Funds• Index Funds	<ul style="list-style-type: none">• FDIC Money Market• Individual Bonds• Individual Stocks• Mutual Funds	Many annuity companies are available within the 401(k). Call for details.
Payroll additions: allowed Account Minimum: none	Payroll additions: not allowed Recommended Minimum: \$50,000 and - \$100,000 in the 401(k) and - 50% must remain in Option #1.	Payroll additions: allowed, minimums vary Annuity Minimum: \$10,000-\$25,000 <i>minimums vary by annuity companies</i>
Deferral: Pre-tax and/or Post-tax (Roth)	Deferral: Pre-tax and/or Post-tax (Roth)	Deferral: Pre-tax and/or Post-tax (Roth)
Loans: available, call for details	Loans: available, call for details	Loans: available, call for details
Guidance: Advice and Education	Guidance: Advice and Education	Guidance: Advice and Education
Account Forms: Attached	Account Forms: Complete the entire attached packet and call (216) 202-0202 to discuss further.	Account Forms: Complete the entire attached packet and call (216) 202-0202 to discuss further.

Account Funding

You can fund your account with any combination of the following:

- a) **Payroll deduction**
- b) **Rollover** of other retirement plans**

***Such as: IRA, SEP IRA, Simple IRA, 403(b), 401(k), 457(b), Roth 401(k), Roth 457(b)...*

Contact Information

Investment & Enrollment questions contact: Mark Kangas, CFP® <i>CEO, Investment Advisor Representative</i> North Star Advisory Group, LLC	Monday through Friday, 9 a.m. to 5 p.m. EST (216) 202-0202 or 401k@ns-ag.com 2000 Auburn Drive, Suite 415 Beachwood, OH 44122
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North Star Advisory Group, LLC is a registered investment advisor. A more detailed description of the company, its management and practices are contained in its Disclosure Brochure, Form ADV, Part 2A. A copy of this form may be received by contacting the company.

Employee 401(k) Deferral Agreement

Enrollment & Change Form

Employers - to submit a COMPLETED FORM:

Fax to: North Star Advisory Group (216) 202-3456



Section 1 – Personal Information

Employee's Name		
Employer Name	Date of Hire	
Employee's Position	Employee's Annualized Earnings	
Are you at least 21yrs old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked for this employer for at least 1yr? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you work at least 1,000hrs in 1yr? <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal/Residential Address		
City	State	Zip
Email	Social Security Number	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Date of Birth
Cell Phone	Home Phone	Work Phone
Do you work for another employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name: _____		
Annual deferral into their 401(k) Plan: \$ _____		
Other retirement assets that I have (check all that apply)		
<input type="checkbox"/> IRA <input type="checkbox"/> Roth <input type="checkbox"/> Simple IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> 401k <input type="checkbox"/> 401a <input type="checkbox"/> 403b <input type="checkbox"/> 457 <input type="checkbox"/> None <input type="checkbox"/> Other: _____		



Section 2 – Contribution Selection

Please deduct the following percentage or dollar amount of my compensation from each of my paychecks as a 401(k) deferral contribution. (Please refer to page 8 for additional information on these deferral options.)

Check one of the following for how much you would like to contribute:

- I choose **NOT** to defer into the 401k plan (return page 1 with sections 1 and 2 completed and signed)
 Maximum Annual Deferral Allowed
 Maximum Annual Deferral Allowed Plus age 50+ Catch up
 Specific Deferral % OR \$

Check one of the following contribution elections:

- Pre-Tax regular** contribution per pay
 After-Tax ROTH contribution per pay
 SPLIT my contributions between:
 Pre-Tax regular contribution per pay: % OR \$
 AND
 After-Tax ROTH contribution per pay: % OR \$

Desired effective date for your initial contribution(s):

Deliver the form to Human Resources two weeks prior to the desired effective date and retain a copy for your files. If no date is selected, your contributions will be processed as soon as administratively possible, but not before you are eligible to begin deferral.

▶▶▶ If you want to Rollover another retirement Plan, Sign below and proceed to Section 3
 ▶▶▶ If no Rollover, Sign below and proceed to Section 4

SIGN	EMPLOYEE'S Signature: (Required)	Date: ___/___/___
	EMPLOYER'S Signature: (Required)	Date: ___/___/___



Section 3 – Rollover Election (complete ONLY if you are electing to Rollover)

A qualified retirement plan is only permitted to accept rollovers that satisfy specific legal requirements. For specific instructions on making rollovers into your 401k plan see page 10 of this form. Before we can accept the funds you propose to roll over, you are required to certify the following statements:

I certify that:

- The cash submitted for rollover was originally distributed to me from a plan which I understand to be a qualified plan such as a 401(k) Plan, Profit Sharing Plan, Pension Plan, ESOP, Cash Balance Plan, 403(b) Plan, governmental 457(b) Plan or a qualifying IRA.
- If the distribution was paid to me in cash, I certify that this payment to me occurred within sixty (60) days of the date I am submitting it as a rollover contribution.
- The cash was not distributed from a non-qualified deferred compensation plan or a severance plan.
- If the funds were distributed from a SIMPLE IRA, at least a 2 year period has passed since the first deposit to the participant’s SIMPLE IRA.
- The distribution is **not** one of a series of periodic payments, based on my life expectancy or a period of 10 or more years.
- I did not receive these funds as a non-spousal beneficiary of a death benefit.
- If over age 70½, the proposed rollover does **not** include any minimum required distribution.
- The funds that are to be rolled over do not exceed the amount distributed to me and do not include any after tax amounts. (After tax amounts can be rolled from a Qualified Plan only if the receiving plan allows for them.)
- **No part** of this distribution is a hardship withdrawal received after December 31, 1998, from an IRA considered non-deductible, from a Roth IRA, or an amount which corrects a failed nondiscrimination test or because legal limits on certain contributions were exceeded.
- I understand the Plan is not required to accept all types of rollover contributions and the Plan Administrator in his or her discretion may determine not to accept a rollover contribution.
- I understand that, in the event that a determination is made subsequent to the rollover of this distribution that any or all of the rollover was not eligible for rollover, any excess amount will be removed from the plan and refunded to me as soon as reasonably possible. I agree to notify the Trustee upon receipt of information about any such determination.

EMPLOYEE: If you agree to the above, provide the following required information:			EMPLOYEE: Select your investment election for your rollover(s):
Source (Plan Name, Custodian, IRA Custodian...)	Estimated amount or Statement value	Please include a copy of the most recent statement	<input type="checkbox"/> Invest per my existing investment election. (Default Election) <input type="checkbox"/> Do NOT invest and leave in cash or money market. <input type="checkbox"/> I am submitting a new investment election.
1.	\$ _____	Included: <input type="checkbox"/> Yes	
2.	\$ _____	Included: <input type="checkbox"/> Yes	
3.	\$ _____	Included: <input type="checkbox"/> Yes	
4.	\$ _____	Included: <input type="checkbox"/> Yes	
5.	\$ _____	Included: <input type="checkbox"/> Yes	
6.	\$ _____	Included: <input type="checkbox"/> Yes	

SIGN →	Print EMPLOYEE'S Name:	Social Security Number XXX - XX -
	EMPLOYEE'S Signature: (Required)	Date: ___ / ___ / ___

TRUSTEE'S Letter of Acceptance:

Please be advised that 401(k) Plan will accept the above rollovers into the participant’s account at the respective broker/dealer.

SIGN →	Print PLAN Name:	
	Print TRUSTEE'S Name:	
	TRUSTEE'S Signature: (Required)	Date: ___ / ___ / ___

Submit your completed documents via any of the following methods:

Fax: (216) 202-3456

Mail: 2000 Auburn Drive, Suite 415
Beachwood Ohio 44122

Email: 401k@ns-ag.com



Section 4 - Participant Investment Questionnaire - Circle your selection for #1-12

1. Maximizing long-term returns is more important than protecting my principal of this investment.

- 5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree

2. How long do you intend to maintain this investment account?

- 5 = More than 20 years 4 = 11 to 20 years 3 = 6 to 10 years 2 = 3 to 5 years 1 = less than 3 years

3. When do you expect this investment account to provide a regular source of income?

- 5 = More than 20 years 4 = 11 to 20 years 3 = 6 to 10 years 2 = 3 to 5 years 1 = less than 3 years

4. When do you expect to begin taking principal withdrawals from this investment account?

- 5 = More than 20 years 4 = 11 to 20 years 3 = 6 to 10 years 2 = 3 to 5 years 1 = less than 3 years

5. What percentage of your total investable net worth (excluding primary residence) does this investment account represent?

- 5 = Less than 20% 4 = 20% to 40% 3 = 40% to 60% 2 = 60% to 80% 1 = 80% to 100%

6. On a long-term basis, what average annual rate of return best reflects your objective (per year)

- 5 = More than 10% 4 = 8% to 10% 3 = 6% to 8% 2 = 4% to 6% 1 = Less than 4%

7. I have had prior experience with and understand the concept of investment risk related to stocks, bonds, mutual funds, and other investments.

- 5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree

8. How would you describe your general attitude towards investing?

- 5 = I want to maximize the return on my investments and am willing to accept large fluctuations in value.
I understand and accept that aggressive growth investments can result in substantial losses to my principal.
- 4 = I am willing to accept considerable risk in order to achieve higher long-term returns.
While capital preservation is important over a long time frame, I am willing to accept significant short term fluctuations in my portfolio.
- 3 = I am willing to accept moderate risk in order to achieve somewhat higher returns.
Both reducing risks and enhancing returns are important to me.
- 1 = I am most concerned with preserving the principal value of my investments.
I am comfortable with the lower returns associated with conservative investments.

9. What approximate loss in any one-year period would you be willing to accept before deciding to liquidate your investment?

- 5 = 25% or greater loss 4 = 15% to 25% 3 = 10% to 15% 2 = 5% to 10% 1 = Less than 5%

10. My income is sufficient for any current financial needs and adequate for potential emergencies.

- 5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree

11. What is an adequate timeframe for evaluating portfolio returns?

- 5 = More than 10 years 4 = 5 to 10 years 3 = 3 to 5 years 2 = 1 to 3 years 1 = Less than 1 year

12. I am willing to wait several years to recover from losses I incur in an extended down market.

- 5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree

13. Total score from answers 1-12: _____

▶▶▶ Sign below and proceed to Section 5



Print EMPLOYEE'S Name:	Social Security Number XXX - XX -
EMPLOYEE'S Signature: (Required)	Date: ____ / ____ / ____

Section 5 - Investment Selection

Score from Section 4: _____

Score Range	Profile	Allocation Stocks / Bonds	Target Allocation Fund
46-60	Aggressive	90% / 10%	Max
31-45	Moderately Aggressive	60% / 40%	Extended
16-30	Moderately Conservative	40% / 60%	Moderate *DEFAULT OPTION*
0-15	Conservative	20% / 80%	Conservative

Please note:

- The Allocations are provided based on your answers to the Investment Questionnaire. You may choose to be less aggressive with your investment selections.
- For investment questions contact your investment advisor at (216) 202-0202.

Select your investment(s) from one of the following columns.

Who these funds may be appropriate for:

Employees who are looking for a simplified approach to investing by only having to select one fund.

Allocation %	Investment Strategy	Symbol
Target Allocation Funds		
Choose your fund per the applicable allocation in the above table.		
____.0%	90% Stock / 10% Bonds – Max <i>Manning & Napier Pro-Blend Max Term I</i>	MNHIX
____.0%	60% Stock / 40% Bonds – Extended <i>Manning & Napier Pro-Blend Extnd Term I</i>	MNBIX
____.0%	40% Stock / 60% Bonds – Moderate <i>Manning & Napier Pro-Blend Mod Term I</i> *DEFAULT OPTION*	MNMIX
____.0%	20% Stock / 80% Bonds – Conservative <i>Manning & Napier Pro-Blend Cnsvr Term I</i>	MNCIX
Target Retirement Date Funds		
____.0%	Target 2050 – Manning & Napier	MTYIX
____.0%	Target 2040 – Manning & Napier	MTTIX
____.0%	Target 2030 – Manning & Napier	MTPIX
____.0%	Target 2020 – Manning & Napier	MTNIX

Who these funds may be appropriate for:

Employees who are looking for a customized approach to investing by selecting multiple funds.

Allocation %	Investment Strategy	Symbol
U.S. Large Cap Funds		
____.0%	Growth - Nuveen Large Cap Growth I	NLIGX
____.0%	Value - Prudential Jennison Equity Income Z	JDEZX
____.0%	S&P 500 Index - DWS Equity 500 Index S	BTIEX
U.S. Mid Cap Funds		
____.0%	Mid Cap - RidgeWorth Mid-Cap Value Equity I	SMVTX
____.0%	Mid Cap Index - Columbia Mid Cap Index R5	CPXRX
U.S. Small Cap Funds		
____.0%	Small Cap - Gabelli Small Cap Growth AAA	GABSX
____.0%	Small Cap Index - BlackRock Small Cap Index I	MASKX
International & Global Funds		
____.0%	Global Balanced - BlackRock Global Allocation I	MALOX
____.0%	International - Oppenheimer International Growth Y	OIGYX
____.0%	Emerging Markets - American Funds New World F2	RNWGX
____.0%	International Index - BlackRock International Index I	MAIIX
Alternative Funds		
____.0%	Alternative Asset Allocation <i>DWS Alternative Asset Allocation S</i>	AAASX
____.0%	Commodity - DWS Enhanced Commodity Strategy S	SKSRX
____.0%	Real Estate - DWS RREEF Real Estate Securities S	RRREX
____.0%	Global Infrastructure <i>DWS RREEF Global Infrastructure S</i>	TOLSX
____.0%	Managed Futures <i>Equinox MutualHedge Futures Strategy I</i>	MHFIX
Bond Funds		
____.0%	Government (Short Term) <i>Victory Fund for Income I</i>	IPFIX
____.0%	Government/Corporate (Short Term) <i>DWS Short Duration S</i>	DBPIX
____.0%	Strategic Income (Intermediate) <i>Nuveen Strategic Income Fund I</i>	FCBYX
____.0%	U.S. Bond Index - DWS US Bond Index S	BONSX
Money Market / Stable Value		
____.0%	Money Market – FDIC Insured*	n/a

*Deposits at the bank are eligible for FDIC insurance of up to \$250,000 per depositor. For additional information regarding FDIC insurance, please visit www.fdic.gov or call 877-ASK-FDIC.

▶▶▶ Sign below and Proceed to Section 6

IMPORTANT: READ PAGE 7 BEFORE SIGNING!

I attest that all of the above information is true and correct.

By signing below, I acknowledge that I read and understand all terms and conditions detailed on pages 7 and 8 of this document.

Print
EMPLOYEE'S
Name:

Social Security
Number XXX - XX -

EMPLOYEE'S
Signature:
(Required)

Date:
____ / ____ / ____

SIGN →



Section 6 – Beneficiary Designation

Pursuant to the provisions of the Plan permitting the designation of a Beneficiary or Beneficiaries by a Participant, I hereby designate the following person or persons as primary and contingent Beneficiaries of my Account under the Plan payable by reason of my death:

All information must be completed for processing. You must initial any changes made on the form.

No.	Beneficiary's Name & Address	Date of Birth (DOB) Social Security # (SS#)	Relationship	Primary or Contingent	Share %
1.	Name: _____ Address: _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary	____.0%
2.	Name: _____ Address: _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
3.	Name: _____ Address: _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
4.	Name: _____ Address: _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%

Check this box if you require additional spots for beneficiaries which are available on the next page.

This designation shall revoke any and all designations of beneficiaries previously made by me under the plan. It is the participant's responsibility to seek outside counsel to confirm and verify that the named beneficiary(ies) is acceptable under the terms of a qualified plan.

Print EMPLOYEE'S Name:	Social Security Number XXX - XX -
<input type="checkbox"/> Not Married, Divorced or Widow = I hereby certify that as of the date below, I am not married. I hereby agree to notify the Plan Administrator immediately, should I become married. I understand that upon my marriage, if I fail to complete a new beneficiary designation form in accordance with the procedures described herein, my spouse will automatically become the primary beneficiary of the amounts due upon my death. (Spouse's signature is NOT REQUIRED.) <input type="checkbox"/> Married = spouse is the 100% primary beneficiary. (Spouse's signature is NOT REQUIRED.) <input type="checkbox"/> Married = spouse is NOT the 100% primary beneficiary. (Spouse's signature is REQUIRED and must be witnessed or notarized below.)	
SIGN → EMPLOYEE'S Signature: (Required)	Date: ____ / ____ / ____

Notarization or Plan Representative Witness of Spouse's Signature (Only if spouse is NOT the 100% primary beneficiary)

SIGN → SPOUSE'S Signature: (Required)	Date: ____ / ____ / ____
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(Notary only.) In the state of _____, in the county of _____, subscribed and sworn to before me by the above-named individual who is personally know to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on ____ / ____ / ____.

Print NOTARY/PLAN REP'S Name:	Notary Seal/Stamp
SIGN → NOTARY/PLAN REP'S Signature: (Required)	Date: ____ / ____ / ____

My commission expires: ____ / ____ / ____.

If embossed, shade with pencil

Section 6 – Beneficiary Designation – continued (if necessary, this page must accompany page 5)

If this page is required, all information must be completed for processing. You must initial any changes made on the form.

No.	Beneficiary's Name & Address	Date of Birth Social Security #	Relationship	Primary or Contingent	Share %
5.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
6.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
7.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
8.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
9.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
10.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
11.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
12.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
13.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
11.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%
12.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	____.0%

SIGN	Print EMPLOYEE'S Name:	Social Security Number XXX - XX -
	EMPLOYEE'S Signature: (Required)	Date: ____ / ____ / ____

IMPORTANT: READ BEFORE SIGNING

Plan Adoption and Acknowledgement

I attest that all of the above information is true and correct. I elect to participate in the 401(k) Plan and adopt the provisions of the Plan. I acknowledge that I have received a copy of the Summary Plan Description of the 401(k) Plan, and Prospectuses where applicable. I understand my participation in the Plan is governed by these documents. I authorize my Employer to reduce my salary by the above amount until I change the amount using the methods authorized by the 401(k) Plan.

Duty to Review Pay Records⁵

I understand that I have a duty to review my pay records (pay stub, etc.) to confirm that my Employer has properly implemented my salary reduction election. Furthermore, I have a duty to inform my Employer if I discover any discrepancy between my pay records and this Employee Participation Agreement. I understand my Employer will treat my failure to report any withholding errors for any payroll to which my Employee Participation Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

Investment Advisory Services

In connection with the undersigned employee's election to participate in the 401(k) Plan (the "Plan"), the undersigned hereby acknowledges the following:

- A financial advisor has been hired by the Trustee of the Plan to provide investment advisory services to the Plan participants. Specifically, the advisor's services to the participants may include, as requested, assistance regarding asset allocation as well as specific purchases or sales of individual investments, including CDs, stocks, bonds, mutual funds, unit investment trusts, exchange traded funds, closed-end funds, and options.
- In each case, recommendations will be made based on the advisor's reasonable determination of the participant's best interest in light of such participant's financial information, investment objectives, and risk tolerances as provided to North Star Advisory Group through the attached Participant Investment Questionnaire. As such, to the extent the undersigned wishes to utilize the advisor's services, the undersigned must provide all information requested on the Participant Investment Questionnaire, and ensure that any changes in such information are *promptly* communicated to the advisor. No less than annually, the advisor shall make himself available to meet with each participant that utilizes its services in order to review each such participant's investments and financial conditions. Such meeting may be held in person, telephonically or through electronic means, at a mutually agreed upon time.
- Any and all recommendations made by the advisor will be on a non-discretionary basis, meaning that it is ultimately up to the participant as to whether or not to follow the recommendations of the advisor. At his discretion, the advisor may determine to discontinue providing services to any participant that continuously disregards its recommendations.
- For his services, the advisor will receive annual fees at the rates set forth below. The fees will be deducted, proportionately, from participant accounts and, as such, each participant will bear a portion of the advisor's fees. As set forth below, the fees vary depending on, among other things, the investment options considered and/or recommended. In general, fee variations could provide an incentive to recommend investments that generate higher fees; however, as set forth above, the advisor intends to recommend only those investments that are suitable and appropriate for a particular participant.

○ Investment Option/Bucket #1	Standard Account	0.90%
○ Investment Option/Bucket #2	Self-Directed Brokerage	0.90%
○ Investment Option/Bucket #3	Individual Annuity	0.90%

All investments involve risk, including the risk of a possible loss of principal. The market risk associated with small-cap and mid-cap stocks is generally greater than with large-cap stocks because small-cap and mid-cap stocks tend to experience sharper price fluctuations. Bonds are subject to credit risk, interest rate risk and liquidity risk; high-yield bonds have greater credit risk than higher quality bonds. The value of mutual funds, exchange traded funds (ETFs), closed end funds and unit investment trusts will fluctuate with the value of the underlying securities. ETFs represent a share of all stocks in a respective index, and trade like stocks and, therefore, typically are subject to brokerage commissions on trades. Buying or selling options involves significant risks; these risks are not eliminated by trading covered options. Each participant should consider each investment's risks, charges and expenses before investing, as set forth in the product's prospectus or other offering documents which may be obtained from the Plan's custodian.

Investors should carefully consider the investment objectives, risks, charges and expenses of mutual funds before investing. The prospectus contains this and other information about mutual funds. The prospectus is available from the investment advisor and should be read carefully before investing.

Additional Definitions

Type of Deferral

If you elected a deferral amount other than zero, you must select one of the following deferral types:

Regular (pre-tax) deferrals. All of my deferrals as Regular deferrals. 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. To make this election, enter your deferral as follows either:

- a) A dollar amount in the Regular section, or
- b) A percentage in the Regular sections

Roth (after-tax) deferrals. All of my deferrals as Roth deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will NOT reduce my current compensation which is includible in income and that my deferrals will be includible in income for the taxable year of the deferral. To make this election, enter your deferral as follows either:

- a) A dollar amount in the Roth section, or
- b) A percentage in the Roth sections

Split deferral election. A portion of my deferrals as Regular deferrals and a portion of my deferrals as Roth deferrals. To make this election, enter your deferral as follows either:

- a) A dollar amount in **BOTH** the Regular and Roth section, or
- b) A percentage in **BOTH** the Regular and Roth sections

I understand: (1) my election regarding the type of deferrals is irrevocable once the Employer withholds the deferrals from my pay; and (2) any change of election regarding the type of deferrals is only for deferrals from my pay after the Plan Administrator accepts my change of election.

Additional Beneficiary Designation Information

- **Trust beneficiary.** If you name a trust as a Beneficiary, you also must satisfy additional documentation requirements no later than October 31 of the calendar year following the calendar year of your death. The Plan Administrator will provide you with the additional forms you must complete.
- **Estate planning.** If you are not certain how the death distribution of your plan account affects the disposition of your entire estate, or if you have any questions regarding the estate planning consequences of your beneficiary designation, you may wish to consult with a professional tax advisor before complete this Beneficiary Designation form.
- **Effect of divorce.** A divorce decree or a decree of legal separation automatically revokes a designation of your spouse as a Beneficiary, unless the decree or a qualified domestic relations order provides otherwise.
- **If neither primary or contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.** If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased in a pro rate basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my 401(k).
- The Plan Administrator/Trustee will pay all sums payable under the Plan by reason of my death to the primary Beneficiary, if he or she survives me, and if no primary Beneficiary survives me, then to the contingent Beneficiary, and if no named Beneficiary survives me, then the Plan Administrator/Trustee will pay all amounts in accordance with the Plan to my estate. If no Beneficiary is named, then my estate will be my default election. I understand that distributions from my estate may be required to be approved by Probate Court according to applicable state law.

Effective date/term/changes

This agreement is effective as of the first day of the next month following the date the Plan Administrator accepts it. If I am a new Employee entering the Plan on my hire date, I may execute this Agreement on or before my hire date, effective as of my hire date. [If I am severing employment and this Agreement applies to accumulated sick or vacation pay or to back pay,³ I may enter into the Agreement during the month in which, but before, such amounts will be paid or made available to me, provided I remain employed on the date the amounts would be paid or made available.] This Agreement remains in effect until I change (revoke or modify) it. I may change my Agreement only by providing to the Plan Administrator a new Salary Reduction Agreement and any change may take effect no earlier than the next calendar month. [I must deliver to the Plan Administrator my completed Agreement at least five business days before the month for which my change is effective. If I change my Agreement, I may not file a new Agreement which is effective earlier than the beginning of the next calendar quarter following the change.⁴] If I enter into a new Agreement subsequent to the date of this Agreement, the subsequent Agreement acts a revocation of the prior Agreement, except as I specify otherwise in this Agreement.

Designation of Default Investment

The Trustee, as the Plan's investment fiduciary, selects "Manning & Napier Pro Blend Moderate Term", symbol MNMIX, as the default investment for participants and beneficiaries who do not provide investment directions for their accounts. The designated default investment is intended to satisfy the requirements for a qualified default investment option under ERISA §404(c)(5).

¹ If the plan limits the *type* of compensation from which a participant may defer (e.g., total compensation excluding bonus), this form and any election the participant makes, should be consistent with the plan's compensation definition.

² A participant may elect to apply the agreement to specified "other" compensation (i.e., to compensation not described in the above elections). A participant also may use this blank to specify an unusual deferral commencement date, e.g., "My total compensation payable commencing in July 2012."

³ Include if the plan permits salary reduction contributions from these amounts.

⁴ Revise the bracketed language as necessary consistent with the plan terms.

⁵ The effect of this section is unclear. The Revenue Service generally treats the failure to follow a participant's salary reduction election as an operational error in plan administration which requires correction. However, this section may mitigate the error and may limit or reduce the Employer's liability for correction prior to the date the Employer had reason to discover the error. The Revenue Service has not issued any guidance regarding this issue.

Making Rollovers Into Your Retirement Plan

Instructions and Request Form

Your 401(k) allows you the opportunity to make tax deferred rollovers and to consolidate retirement assets for better control and management. It is now possible to add all the following to your Retirement Plan:

- Traditional IRA
- Traditional 401(k)
- Roth 401(k)
- 403(b)
- Traditional 457(b) Plan
- Roth 457(b) Plan
- Simple IRA
- SEP IRA
- Pensions
- Profit sharing plans

IMPORTANT: Roth IRA's cannot be rolled into your retirement plan.



Steps to rolling assets into your current plan

1. Forward a recent statement of the account you would like to rollover to North Star. Then contact North Star to confirm to your rollover can be accepted by your current Plan and identify what steps will be necessary for the rollover.
2. Complete a **Request for Rollover** (see next page) and **either** mail, email, or fax it to North Star.
3. Initiate the transfer from the old custodian, retirement plan or administrator. Each company and plan type has a slightly different process and North Star will assist you with identifying what steps will be needed.
 - a. For 401(k), 403(b) and 457(b) accounts you will need to request a "Direct Rollover Form." Some plans even allow these forms to be completed either online or over the phone.
 - b. For IRA, SIMPLE and SEP accounts you will need to either request a "Withdrawal Form" or North Star can provide you with an "Account Transfer Form."
 - c. For pensions and profit sharing plans you will need to request a "Benefits Distribution Form" from the Plan Administrator of any prior qualified retirement plan in which you have a vested benefit.
4. In the distribution instruction section of the form, request that a direct rollover be **MADE PAYABLE TO:**

"TRPC Daily Client Account"

For benefit of: **"Your Name and Social Security Number"**

5. Have them mail the check via Regular or Overnight to:

North Star Advisory Group
2000 Auburn Drive, Suite 415
Beachwood Ohio 44122

6. Upon receipt, the proceeds of your rollover will be invested as you have selected on the **Request for Rollover** certification statement on the next page. If you do not make an election the **Default Election** will be made using your current investment elections. You may then re-direct the rollover into the investment option(s) of your choice using the Internet (<http://ns-ag.com/account-logins/>) or calling North Star at (216) 202-0202.

Submit your completed documents via any of the following methods:

Fax: (216) 202-3456

Mail: 2000 Auburn Drive, Suite 415
Beachwood Ohio 44122

Email: 401k@ns-ag.com