

Initial Enrollment Form

Adfinitas Health 401(k) Retirement Plan

RK-662523

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.

- Pre-Tax deferral. Deduct _____% or \$ _____ of eligible compensation. The deferral amount reduces my taxable income for the year of deferral.
- Roth deferral. Deduct _____% or \$ _____ of eligible compensation. The deferral amount does not reduce my taxable income for the year of deferral. However, a Roth deferral may avoid income taxation upon distribution if certain qualifications rules are met.
- Split deferral election. Deduct both Pre-Tax and Roth Deferrals from eligible compensation as follows:
Deduct _____% or \$ _____ of eligible compensation as Pre-Tax deferral.
Deduct _____% or \$ _____ of eligible compensation as Roth deferral.
- I do not wish to contribute to the Plan at this time.

(Catch-up Contributions: If you are age 50 or older by the end of the calendar year, federal law permits increased deferral amounts known as "Catch-up Contributions": If you would like to make catch-up contributions, please include the amount in the election above.)

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.

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.

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FUND NAME	TICKER	FUND TYPE	I/C	ALLOCATION
Vanguard Federal Money Market Inv	VMFXX	Money Market Taxable	VM	%
Thompson Bond	THOPX	Short-Term Bond	4A	%
Vanguard Short-Term Treasury Adm	VFIRX	Short Government	1M	%
Baird Core Plus Bond Inst	BCOIX	Intermediate-Term Bond	4B	%
American Funds American Balanced R6	RLBGX	Moderate Allocation	4V	%
Janus Henderson Balanced Fund CI N	JABNX	Moderate Allocation	2X	%
First Eagle Global A	SGENX	World Allocation	QU	%
AIG Focused Dividend Strategy W	FDSWX	Large Value	2Y	%
Vanguard 500 Index Admiral	VFIAX	Large Blend	VN	%
T Rowe Price Capitalappreciation I	TRAIX	Large Growth	6A	%
T. Rowe Price Blue Chip Growth Fund I	TBCIX	Large Growth	6B	%
Vanguard Mid-Cap Value Index Admiral	VMVAX	Mid-Cap Value	6S	%
Vanguard Mid Cap Index I	VMCIX	Mid-Cap Blend	6K	%
Wells Fargo Discovery R6	WFDRX	Mid-Cap Growth	3Z	%
Undiscovered Mgrs Behavioral Value R6	UBVFX	Small Value	4T	%
Vanguard Small Cap Index I	VSCIX	Small Blend	6P	%
T. Rowe Price New Horizons I	PRJIX	Small Growth	4Y	%
Janus Henderson Global Equity Income I	HFQIX	Foreign Large Value	4U	%
Vanguard Developed Markets Idx Admiral	VTMGX	Foreign Large Blend	4W	%
Oppenheimer International Growth I	OIGIX	Foreign Large Growth	3Y	%
T. Rowe Price Retirement I 2010 I	TRPAX	Target Date 2000-2010	4Z	%
T. Rowe Price Retirement I 2015 I	TRFGX	Target Date 2011-2015	5A	%
T. Rowe Price Retirement I 2020 I	TRBRX	Target Date 2016-2020	5P	%
T. Rowe Price Retirement I 2025 I	TRPHX	Target Date 2021-2025	5S	%
T. Rowe Price Retirement I 2030 I	TRPCX	Target Date 2026-2030	5T	%
T. Rowe Price Retirement I 2035 I	TRPJX	Target Date 2031-2035	5U	%
T. Rowe Price Retirement I 2040 I	TRPDX	Target Date 2036-2040	5V	%
T. Rowe Price Retirement I 2045 I	TRPKX	Target Date 2041-2045	5W	%
T. Rowe Price Retirement I 2050 I	TRPMX	Target Date 2046-2050	5X	%
T. Rowe Price Retirement I 2055 I	TRPNX	Target Date 2051+	5Y	%
T. Rowe Price Retirement I 2060 I	TRPLX	Target Date 2051+	5Z	%
<i>Use whole percents only. Percentages must total 100%.</i>				100 %

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 and Benefits via Plan Gateway's Submit Files menu at least two weeks prior to initial deposit. Access to Plan Gateway is located at alerusb.com. You may also send form by mail to P.O. Box 64533, St. Paul, MN 55164-0533.