PO Box 5054 Minot, ND 58702-5054

| 403(b) Salary Redu (Please Check One) | ction Agreement | | | |
|---|---|--|--|--|
| Change in Contrib | ry Reduction Agreement oution Amount or Percentage, Investment Provider Allocation, and/or Money Source lor agreement) nent (Stop/Cancel) Complete Employee and Employer information, sign, and return | | | |
| Employee and Employer Information | Employee Name (first, middle initial, last) Social Security Number | | | |
| | Employee Address (street, city, state, zip) | | | |
| | Plan Number Employer Name | | | |
| | | | | |
| 403(b) Salary Reduction Allocation Election (Check one) | Initial Participation Agreement Effective Date:(allow for at least one pay cycle to be effective) | | | |
| | Effective Date: (allow for at least one pay cycle to be cheeffer) | | | |
| | Money Source: Employee Deferral | | | |
| | I elect to reduce my salary by (elect one) \$ or % each pay period on a pre-tax basis and have those amounts contributed to my Employer's 403(b) program. | | | |
| | Money Source: Roth | | | |
| | I elect to reduce my salary by (elect one) \$ or % each pay period on an after-tax basis and have those amounts contributed to my Employer's 403(b) program. | | | |
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| | | | | |
| 403(b) Salary | ☐ Change Salary Reduction Agreement | | | |
| Reduction Allocation Election (Check one) | Effective Date: (allow for at least one pay cycle to be effective) | | | |
| | Money Source: Employee Deferral I elect to amend my salary by (elect one) \$ or% each pay period on a pre-tax basis | | | |
| | and have those amounts contributed to my Employer's 403(b) program. | | | |
| | Money Source: Roth | | | |
| | I elect to amend my salary by (elect one) \$ or % each pay period on an after-tax basis and have those amounts contributed to my Employer's 403(b) program. | | | |
| | Money Source: Post Tax | | | |
| * | I elect to amend my salary by (elect one) \$ or % each pay period on an after-tax basis and have those amounts contributed to my Employer's 403(b) program. | | | |
| | | | | |

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| nvestment Provider Allocation Election Allocation % total must equal 100% Whole Percentages Only | Effective Date: Provider before any amounts are a Investment Provider | | | | |
|--|--|--|--|---|--|
| | | | Total: | , | |
| Authorized Signatures | This Agreement is intended to meet the requirements of, and qualify under, Section 403(b) of the Internal Revenue Code of 1986, as amended, and of the plan adopted by Employer. The Employer and Employee agree that the employment agreement between Employer and Employee is being initiated or amended as stated above. This amendment is incorporated and made a part of the agreement as of the effective date above. The terms of this Agreement are as follows: (1) The Agreement is a legal and binding contract and is irrevocable with respect to amount earned while it is in effect, and applies only to amounts earned while it is in effect; (2) It shall automatically apply to the employment agreement between Employer and Employee for each succeeding year unless amended or terminated by a written notice to Employer; (3) It is terminable at any time for amounts not earned; (4) A termination request remains in effect unless or until a new Agreement is submitted; (5) It replaces any previous Agreement and therefore includes all applicable contribution choices; (6) Employee irrevocably releases all present and/or future rights to receive payment of said sum/total earned from Employer while this agreement is in effect in exchange for the release of the money as pay it is being diverted to the employee account ith the Investment Provider identified above. The maximum amount of salary reduction may not exceed the limited of IRC 401(a)(30), 402(g)(1), 403(b)(1)(E), 415(c) and any other applicable IRC provisions. In witness whereof, this Agreement has been executed by and on behalf of the parties this | | | | |
| | Employee Signature | | Employer Signature and Title (if required) | | |