

Initial Enrollment Form

On-Line Systems, Inc. 401(k) Plan

668194

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. Refer to your Plan's Summary Plan Description for the definition of compensation.

- Pre-Tax deferral. Deduct _____% or \$ _____ of eligible compensation. The deferral amount reduces my taxable income for the year of 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.)

If a Salary Reduction Agreement is not completed, 3% will automatically be withheld pre-tax from your paycheck each payroll period.

Salary reductions may be stopped Salary reductions can stop (change to 0%) at any time for all 401k plans. . Salary reductions may be increased or decreased Quarterly.

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 and Benefits (Alerus).
- 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.

FUND NAME	TICKER	FUND TYPE	ALLOCATION	
Morley Stable Value CI 50-I	N/A	Stable Value	1A	%
Loomis Sayles Bond Instl	LSBDX	Multisector Bond	1B	%
Oakmark Equity & Income I	OAKBX	Moderate Allocation	1T	%
Vanguard 500 Index Admiral	VFIAX	Large Blend	VN	%
Vanguard Dividend Growth Inv	VDIGX	Large Blend	6D	%
American Century Eq Inc	TWEIX	Large Cap Value	1V	%
Jensen Quality Growth J	JENSX	Large Growth	1U	%
Perkins Mid Cap Value T	JMCVX	Mid-Cap Value	2A	%
Baron Partners Retail	BPTRX	Mid-Cap Growth	1Z	%
Vanguard Small Cap Value Index Admiral	VSIAX	Small Value	2Z	%
Janus Venture T	JAVTX	Small Growth	2Y	%

Employee Full Name (please print)	Social Security Number
-----------------------------------	------------------------

Oakmark Global I	OAKGX	World Stock	2W	%
FMI International	FMIJX	Foreign Large Blend	2X	%
Vanguard Target Retirement 2015 Inv	VTXVX	Target Date 2011-2015	JI	%
Vanguard Target Retirement 2020 Inv	VTWNX	Target Date 2016-2020	ZF	%
Vanguard Target Retirement 2025 Inv	VTTVX	Target Date 2021-2025	JH	%
Vanguard Target Retirement 2030 Inv	VTHRX	Target Date 2026-2030	ZG	%
Vanguard Target Retirement 2035 Inv	VTTHX	Target Date 2031-2035	JF	%
Vanguard Target Retirement 2040 Inv	VFORX	Target Date 2036-2040	ZH	%
Vanguard Target Retirement 2045 Inv	VTIVX	Target Date 2041-2045	JD	%
Vanguard Target Retirement 2050 Inv	VFIFX	Target Date 2046-2050	ZN	%
Vanguard Target Retirement 2055 Inv	VFFVX	Target Date 2051+	3A	%
Vanguard Target Retirement 2060 Inv	VTTSX	Target Date 2051+	3B	%
Vanguard Target Retirement Income Inv	VTINX	Retirement Income	MN	%
<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 and Benefits via Plan Gateway's Submit Files menu at least two weeks prior to initial deposit. Access to Plan Gateway is located at alerusrb.com. You may also send form by mail to P.O. Box 64533, St. Paul, MN 55164-0533.