

Rollover Contribution Form

Calhoun County Retirement Savings Plan

664155

Employee Full Name (please print)	SSN
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Step 5. Employee Signature

I direct Alerus to deposit this rollover contribution into the plan subject to its rules. I certify: (i) this is an eligible rollover contribution (ii) it does not include after-tax or Roth IRA contributions and (iii) I will not be 72 by the end of the year in which this rollover contribution occurs or prior to distribution, I have already received the required minimum distribution (RMD) from the account under IRC 401(a)(9).

EMPLOYEE SIGNATURE

DATE

X

THIS SECTION IS FOR EMPLOYER, THIRD-PARTY ADMINISTRATOR OR AUTHORIZED PARTY USE ONLY

Step 6. Authorized Signature

As an authorized signer for the Plan, I acknowledge that the plan permits rollover contributions, and based on the participant's statement above, I approve this as an eligible rollover contribution to be deposited into this Plan.

AUTHORIZED SIGNATURE

DATE

X

Step 7. Please submit completed and signed form to Alerus Retirement and Benefits via Plan Gateway's Submit Files Menu. Access to Plan Gateway is located at alerusrb.com

Acceptance of Rollover Assets

Effective as of the date on which assets are actually received, the undersigned does hereby accept the above Rollover Contribution to be administered under and in accordance with Calhoun County Retirement Savings Plan (the "Plan") as amended with all the powers, privileges and authorities as successor Custodian or Trustee (as the case may be). Alerus Financial, N.A. shall accept cash, securities and other property in a form acceptable to it which may at this time or at any time hereafter be conveyed, assigned and transferred to it, all to be held, administered and distributed according to the terms of said Plan. Such acceptance is subject to the following conditions:

- Alerus Financial, N.A. shall not be required to inquire into the acts, omissions, or accounts of any predecessor trustee or custodian; or to bring any action against a predecessor trustee or custodian for any reason whatsoever, and shall in no event be liable for any acts or omissions of a predecessor trustee or custodian;
- Alerus Financial, N.A. shall be responsible only for assets actually delivered to it by the predecessor trustee or custodian;
- Alerus Financial, N.A. shall have no duty to verify the authenticity of tangible assets received from a predecessor trustee or custodian;
- Alerus Financial, N.A. shall rely upon the Plan Administrator's determination that the assets are an eligible rollover contribution as defined by the Internal Revenue Code.

Alerus Financial, N.A.



Laura S. Tiemann
Director of Compliance and Administration

Beneficiary Form

Calhoun County Retirement Savings Plan

664155

Employee Full Name (please print)	SSN
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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 balance under the Plan payable by reason of my death and revoke any previously signed Beneficiary Form.

Beneficiary Designation

_____	_____ %	_____
Primary Beneficiary Name(s)	Percent	Relationship
_____	_____ %	_____
Primary Beneficiary Name(s)	Percent	Relationship
_____	_____ %	_____
Contingent Beneficiary Name(s)	Percent	Relationship
_____	_____ %	_____
Contingent Beneficiary Name(s)	Percent	Relationship

The 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. If no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. Unless provided otherwise, the Trustee will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

Marital Status

- I am married. I understand the Beneficiary Designation is invalid without the consent of my spouse unless my spouse is the only primary beneficiary.
- I am not married.

Consent of Spouse. (Required if spouse is not the only primary beneficiary.)

I, _____, the undersigned spouse of the employee named in the foregoing "Beneficiary Designation," hereby certify I have read the Beneficiary Designation and fully understand the property subject to the designation in my spouse's account balance under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. I realize my consent is irrevocable until my spouse completes a new Beneficiary Form.

PARTICIPANT'S SPOUSE SIGNATURE

DATE

X

On this _____ Day of _____, in the year _____ Before me personally
appeared _____ known to me to be the person
who is described in and who executed the above Consent of Spouse as a free and voluntary act

State of _____
County of _____

NOTARY PUBLIC

DATE

X

My commission Expires

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