



# Northern Air Corporation 401(k) Plan

## Enrollment Forms



**Northern Air Corporation 401(k) Plan  
Salary Reduction Agreement**

**Account #: 1050004536**

**PARTICIPANT INFORMATION**

<b>Name:</b>		<b>Social Security Number:</b>
<b>Home Street Address:</b>		
<b>City, State, Zip:</b>		
<b>Date of Birth:</b>	<b>Date of Hire:</b>	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married

**SALARY REDUCTION/DEFERRAL AMOUNT**

This agreement is effective as soon as the Plan Administrator reasonably can implement my election after receipt, and I may modify the agreement each payroll period. I authorize the Employer to withhold from my compensation (and treat as my deferrals) the following amount:

\_\_\_\_% of my compensation (please use whole percentages). Once the 402(g) limit for the year has been met, this percentage will continue as catch up deferrals if I attain at least age 50 at the end of the plan year.

\$ \_\_\_\_\_ (please use whole dollars) Per payroll period.

**Zero.** I hereby elect:

- Not to defer any of my compensation under the Plan
- To terminate my prior salary deferral agreement

**TYPE OF DEFERRAL**

**Pre-tax deferrals.** All of my deferrals as pre-tax deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will reduce my current compensation includible in income for the taxable year of the deferral.

**Roth (after-tax) deferrals.** All of my deferrals as Roth (after-tax) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will NOT reduce my current compensation includible in income and that my deferrals will be includible in income for the taxable year of the deferral.

**Split deferral election.** A portion of my deferrals as pre-tax deferrals and a portion of my deferrals as after tax Roth deferrals, as follows:

\_\_\_\_% of my compensation as pre-tax deferrals, AND \_\_\_\_% of my compensation as Roth (after tax) deferrals. (please use whole percentages)

OR

\$ \_\_\_\_\_ as pre-tax deferrals, AND \$ \_\_\_\_\_ as Roth (after-tax) deferrals (please use whole dollars) Per payroll period.

**AUTHORIZATION/ACKNOWLEDGEMENT**

In executing this Agreement, I understand my election regarding the amount and type of deferrals is irrevocable once the Employer withholds the deferrals from my paycheck; and any changes of election regarding the amount or type of deferrals is effective only for deferrals from paychecks I receive after the Plan Administrator accepts my change of election.

I understand I have a duty to review my pay records to confirm the employer properly has implemented my salary reduction election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand that my failure to report any discrepancy may result in a loss or reduction in my ability to defer.

<b>Signature:</b>	<b>Date:</b>
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**RETURN THIS FORM TO THE PAYROLL DEPARTMENT.**

*This form must be received by the Payroll Department in advance of the Effective Date noted above. If received after that date, the election will be effective as of the next following Plan Entry Date.*

<b>FOR OFFICE USE ONLY</b>	
Date Received:	Entry Date:
First Payroll Date:	Authorized:



**PARTICIPANT INFORMATION**

<b>Name:</b>		<b>Social Security Number:</b>	
<b>Home Street Address:</b>			
<b>City, State, Zip:</b>			
<b>Date of Birth:</b>		<b>Date of Hire:</b>	<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married

**INVESTMENT ELECTION (IN 1% increments)**

	<i>Fund Name</i>	<i>Percentage</i>
<b>Target Funds</b>	<b>Vanguard Target Retirement Income Fund</b>	%
	<b>Vanguard Target Retirement 2020</b>	%
	<b>Vanguard Target Retirement 2030</b>	%
	<b>Vanguard Target Retirement 2040</b>	%
	<b>Vanguard Target Retirement 2050</b>	%
	<b>Vanguard Target Retirement 2060</b>	%
<b>Equity Funds</b>	<b>T. Rowe Price Growth Stock I (Large Cap- Growth)</b>	%
	<b>Vanguard 500 Index Admiral (Large Cap- Blend)</b>	%
	<b>Dodge &amp; Cox Stock (Large Cap- Value)</b>	%
	<b>Ivy Mid Cap Growth R6 (Mid Cap- Growth)</b>	%
	<b>Vanguard Mid Cap Index Admiral (Mid Cap- Blend)</b>	%
	<b>Goldman Sachs Mid Value I (Mid Cap-Value)</b>	%
	<b>Morgan Stanley Inst Small Co Gr IS (Small Cap - Growth)</b>	%
	<b>Vanguard Small Cap Index Admiral (Small Cap- Growth)</b>	%
	<b>American Beacon Small Cap Value I (Small Cap- Value)</b>	%
	<b>American Funds EuroPacific Gr R6 (Foreign Large Growth)</b>	%
	<b>Vanguard Total Intl Stock Index Admiral (Foreign Large Blend)</b>	%
	<b>Fidelity Real Estate (Specialty-REITS)</b>	%
	<b>Oppenheimer Developing Markets I (Diversified Emerging Markets)</b>	%
<b>Fixed Income</b>	<b>Vanguard Total Bond Market Index Admiral (Intermediate-Term Bond)</b>	%
	<b>Metropolitan West Total Return I (US Aggregate Bond)</b>	%
	<b>PIMCO Real Return Bond Fund I (TIPS)</b>	%
	<b>Federated Ultrashort Bond I (Short Term Bond)</b>	%
	<b>Federated Capital Preservation R6 (Stable Value)</b>	%
	<b>Federated Prime Obligations Fund I (Money Market)</b>	%
<b>TOTAL</b>	<b>Must Equal :</b>	<b>100%</b>

**This election applies to:**

My future contributions ONLY (no change to my current balances)

My current balances ONLY (no change to my future contributions)

BOTH my future contributions AND my current balances

**\*\*\*PLEASE NOTE\*\*\***  
*Failure to check the "future, current, or both" election box will result in investment changes being made to your total account.*

**PARTICIPANT AUTHORIZATION**

I hereby certify that the information on this form is true and correct. I authorize the Trustee to invest my current Plan account and/or future contributions in accordance with the election indicated above. I understand the Trustee will implement this Investment Election as soon as administratively feasible, but no guarantee is made regarding the timing of investments. I understand that if I do not make Investment Elections, my entire account balance will be invested in the appropriate Target Fund. I understand that once implemented, this Investment Election will remain in effect until I change it in writing or via the Account Access website or automated voice response system. I have received and read the information (including any prospectus or similar information, if available) describing each investment option I have selected and agree to its terms, including trading restrictions, fees or redemption fees. This Investment Election revokes or supersedes any previous Investment Election.

<b>Signature:</b>	<b>Date:</b>
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To expedite your investment change, submit your new election via the website ([www.trustpointinc.com](http://www.trustpointinc.com)) or the automated voice response system at (877) 410-9984. Submitting changes by form is unreliable and may delay or prevent your request being processed.



# Northern Air Corporation 401(k) Plan

## Beneficiary Designation

Account #: 1050004536

### PARTICIPANT INFORMATION

Name:		Social Security Number:
Home Street Address:		
City, State, Zip:		
Date of Birth:	Date of Hire:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married

### PRIMARY BENEFICIARY DESIGNATION(S) (Please provide an attachment if additional space is needed.)

I hereby designate the following as my death beneficiary or beneficiaries, subject to the terms of the above-referenced Plan, and subject to my rights to change this designation as provided by the Plan. I revoke any and all prior designations of beneficiary.

My death benefit shall be paid in equal shares to the following persons who survive me.

I understand that, if currently married, my sole primary beneficiary will be my spouse and the naming of anyone else as my primary beneficiary will be invalid, unless my spouse consents to the naming of someone else as my primary beneficiary.

Name	Soc. Sec. No.	Date of Birth	Address	Relationship

### CONTINGENT (ALTERNATE) BENEFICIARY DESIGNATION(S) (Please provide an attachment if additional space is needed.)

If no Primary Beneficiaries survive me, my death benefit shall be paid in equal shares to the following persons who survive me:

Name	Soc. Sec. No.	Date of Birth	Address	Relationship

### AUTHORIZATION(S)

Participant Signature:	Date:
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*If you are married and your spouse is your sole primary beneficiary, your spouse's signature is not required. If you name anyone other than your spouse as a primary beneficiary, your spouse must consent to the designation by signing below. Your spouse's signature must be witnessed by a Notary Public.*

I, \_\_\_\_\_ (spouse's name), consent to this beneficiary designation. My consent is irrevocable; I cannot take it back. I know that this beneficiary designation controls payment of the entire death benefit. Because I have consented to this beneficiary designation, I may receive no death benefit at all from the Plan. I understand that the Participant is free to change this beneficiary designation without any further notice to or consent by me.

Spouse Signature: \_\_\_\_\_

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_ State of: \_\_\_\_\_

Notary Stamp, if Applicable:	My Commission Expires:
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## **THE IMPORTANCE OF BENEFICIARY DESIGNATIONS**

One very important—and often overlooked aspect of estate and financial planning is the beneficiary designation of retirement plan benefits. If you are currently participating in the **NORTHERN AIR CORPORATION** sponsored 401(k) retirement plan, **YOU MUST** have a completed Beneficiary Designation Form on file.

Federal law states that your spouse must be named as your primary beneficiary unless he/she waives his/her right to your retirement account. Only a properly signed and executed waiver is legally acceptable. If you are not married, you may name whomever, and as many persons, as you wish. If you are naming a trust or your estate, your spouse still must sign the waiver.

At the time of your death, if you have not designated a beneficiary or your beneficiary is also not alive, the death benefit will be paid in the following order of priority to:

- (a) Your surviving spouse
- (b) Your children, including adopted children in equal shares (and if a child is not living, that child's share will be distributed to that child's heirs)
- (c) Your surviving parents, in equal shares
- (d) Your estate

It is important to note that your beneficiary designation controls the disposition of your account at death, regardless of any contrary provisions of your will or revocable trust. The Beneficiary Designation form should be prepared with the same degree of care as your will, power of attorney, or other important documents.

For this reason, we advise that you review your Beneficiary Designation which can be viewed on the Trust Point website ([www.trustpointinc.com](http://www.trustpointinc.com)). You may also wish to consult with your attorney or other advisors regarding this matter.