

# Initial Enrollment Form

## Giri Hotel Management LLC 401(K) Plan

666432

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 \_\_\_\_\_% of eligible compensation. The deferral amount reduces my taxable income for the year of deferral.
- Roth deferral. Deduct \_\_\_\_\_% 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 qualification rules are met.
- Split deferral election. Deduct both Pre-Tax and Roth Deferrals from eligible compensation as follows:  
Deduct \_\_\_\_\_% of eligible compensation as Pre-Tax deferral.  
Deduct \_\_\_\_\_% 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.)

Salary reductions may be stopped on any day of the plan year. Salary reductions may be increased or decreased on any day of the plan year.

### 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).
- I understand that my existing account balance will be transferred to Alerus and invested initially in similar style investments. Then, as soon as administratively possible, Alerus will reallocate my existing account balance according to the investment election I have chosen below, provided this form is received by Alerus within the required timeframe.
- 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.

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FUND NAME	TICKER	FUND TYPE	I/C	ALLOCATION
Reliance MetLife Series 25053 CI 0	N/A	Stable Value	1A	%
Vanguard Interm-Term Bond Index Adm	VBILX	Intermediate-Term Bond	1I	%
Metropolitan West Intermediate Bond I	MWIIIX	Intermediate-Term Bond	1T	%
Vanguard Total Bond Market Index Adm	VBTLX	Intermediate-Term Bond	KD	%
Vanguard Inflation-Protected Secs Adm	VAIPX	Inflation-Protected Bond	7P	%
BlackRock Inflation Protected Bond Instl	BPRIX	Inflation-Protected Bond	1B	%
Vanguard Value Index Adm	VVIAX	Large Value	3G	%
DFA US Large Cap Value I	DFLVX	Large Value	SR	%
Vanguard 500 Index Admiral	VFIAX	Large Blend	VN	%
T. Rowe Price Dividend Growth	PRDGX	Large Blend	7S	%
AMERICAN GROWTH PORTFOLIO CL R6	RGWGX	Large Growth	1Y	%
Vanguard Growth Index Admiral	VIGAX	Large Growth	RS	%
T. Rowe Price Blue Chip Growth	TRBCX	Large Growth	7F	%
Fidelity® Low-Priced Stock	FLPSX	Mid-Cap Value	H4	%
Vanguard Mid Cap Index Admiral	VIMAX	Mid-Cap Blend	1J	%
Vanguard Small Cap Index Adm	VSMAX	Small Blend	PF	%
DFA US Small Cap I	DFSTX	Small Blend	8A	%
Vanguard Total Intl Stock Index Admiral	VTIAX	Foreign Large Blend	R2	%
American Funds International Growth And Income R-6	RIGGX	Foreign Large Blend	1U	%
Vanguard International Growth Adm	VWILX	Foreign Large Growth	QZ	%
Vanguard Real Estate Index Admiral	VGSLX	Real Estate	1L	%
T. Rowe Price Real Estate	TRREX	Real Estate	0A	%
Vanguard LifeStrategy Income Inv	VASIX	Allocation--15% to 30% Equity	HF	%
Vanguard LifeStrategy Cnsvr Gr Inv	VSCGX	Allocation--30% to 50% Equity	HD	%
Vanguard LifeStrategy Moderate Gr Inv	VSMGX	Allocation--50% to 70% Equity	HG	%
Vanguard LifeStrategy Growth Inv	VASGX	Allocation--70% to 85% Equity	KV	%
AMERICAN FUNDS CONV GRWTH & INCM PORT R6	RINGX	Allocation--50% to 70% Equity	1V	%
AMERICAN FUNDS MOD GRWTH & INCM PORT R6	RBAGX	Allocation--50% to 70% Equity	1W	%
AMERICAN FUNDS GRWTH& INCOME PORT R6	RGNGX	Allocation--70% to 85% Equity	1X	%
Vanguard Target Retirement Income Inv	VTINX	Target-Date Retirement	MN	%
Vanguard Target Retirement 2015 Inv	VTXVX	Target Date 2011-2015	J1	%
Vanguard Target Retirement 2020 Inv	VTWNX	US SA Target-Date 2020	ZF	%
Vanguard Target Retirement 2025 Inv	VTTVX	Target Date 2021-2025	JH	%
Vanguard Target Retirement 2030 Inv	VTHRXX	US SA Target-Date 2030	ZG	%
Vanguard Target Retirement 2035 Inv	VTTHX	Target Date 2031-2035	JF	%
Vanguard Target Retirement 2040 Inv	VFORX	US SA Target-Date 2040	ZH	%
Vanguard Target Retirement 2045 Inv	VTIVX	Target Date 2041-2045	JD	%
Vanguard Target Retirement 2050 Inv	VFIFX	Target Date 2050+	ZN	%
Vanguard Target Retirement 2055 Inv	VFFVX	Target-Date 2055	7T	%
Vanguard Target Retirement 2060 Inv	VTTSX	Target-Date 2060+	7Y	%
AMERICAN FUNDS 2015 TARG DATE - R6	RFJTX	Target Date 2011-2015	1Z	%
AMERICAN FUNDS 2020 TARG DATE - R6	RRCTX	US SA Target-Date 2020	2A	%
AMERICAN FUNDS 2025 TARG DATE - R6	RFDTX	Target Date 2021-2025	2B	%
AMERICAN FUNDS 2030 TARG DATE - R6	RFETX	US SA Target-Date 2030	2T	%
AMERICAN FUNDS 2035 TARG DATE - R6	RFFTX	Target Date 2031-2035	2U	%
AMERICAN FUNDS 2040 TARG DATE - R6	RFGTX	US SA Target-Date 2040	2V	%

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AMERICAN FUNDS 2045 TARG DATE - R6	RFHTX	Target Date 2041-2045	2W	%
AMERICAN FUNDS 2050 TARG DATE - R6	RFITX	Target Date 2050+	2X	%
AMERICAN FUNDS 2055 TARGET DTD RET CL R6	RFKTX	Target-Date 2055	2Y	%
AMERICAN FD 2060 TRGDATE RETIRE CL R6	RFUTX	Target-Date 2060+	2Z	%
<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.

**\*\*\* Make sure to send all 3 enrollment pages and 2 beneficiary pages**

# Beneficiary Form

## Giri Management LLC 401(k) Plan

666432

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.

<b>PARTICIPANT'S SPOUSE SIGNATURE</b>	<b>DATE</b>
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 \_\_\_\_\_

<b>NOTARY PUBLIC</b>	<b>DATE</b>
X	

My commission Expires

# Beneficiary Form

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Employee Full Name (please print)	SSN
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**Employee Signature.** I understand that I will need to file a new Beneficiary Form if I want to change my beneficiary or if my marital status changes.

EMPLOYEE SIGNATURE

DATE

X
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**Authorized Signature.** As an authorized signer for the Plan, I acknowledge the receipt of this Beneficiary Form

AUTHORIZED SIGNATURE

DATE

X
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