

Enrollment Form

Rheinschmidt's Employee 401(k) Profit Sharing Plan

Two Rivers Bank & Trust
222 N. Main Street, Burlington IA 52601 • 319.753.9127 • tworiversbank.com

A. Participant Information

First Name _____ M.I. _____ Last Name _____ Social Security Number _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____ Mobile Provider _____ Date of Birth _____
Email _____ Marital Status: Married Single

B. Salary Deferral Election/Agreement

Please note: If you do not complete and return this form, the employer will automatically withhold 3% of your compensation to contribute as your deferral to the 401(k) plan and your account will be invested in the managed allocation portfolios.

To elect a one-time change for a bonus payment, please complete a Salary Deferral Change.

Participate: I authorize withholding the following amount from my payroll as 401(k) plan deferrals.

\$ _____ or _____ % **Pre-tax deferral.** I understand the amount of deferrals I have elected in this salary deferral election will reduce my current compensation includible in income for the taxable year of the deferral.

Not Participate: I have been informed of the opportunity to participate in the 401(k) plan and hereby elect not to participate at this time (skip to section C).

C. Investment Election

If this section is not completed, I understand that any contributions (employee or employer) made on my behalf will be invested into the managed allocation funds. I hereby elect to have my future contributions invested (choose one of the following two options):

Option 1: ATArchitect– I elect to allow the ATArchitect to utilize all five ATDynamic allocation funds to manage my account. I understand and agree that:

- ATArchitect is an optional service and I will be charged for this service (please refer to your annual fee disclosure or contact us for more information)
- American Trust, through the operation of its proprietary ATArchitect service, may change investment elections and transfer my balance between funds at any time
- My entire account balance and future investment elections are subject to the strategies of the ATArchitect service
- The ATArchitect program relies partly on the ATBlueprint®, which does not consider my unique personal characteristics or financial information, unless this information is provided to American Trust. Note: the ATBlueprint® component of ATArchitect will not apply to new enrollees until sufficient data is available or to terminated participants
- Actions by the ATArchitect program rely on the accuracy of the information provided to American Trust. Inaccurate information could materially impact quality of investment returns and/or delay investment election changes
- Neither American Trust nor ATArchitect will protect from the loss of principal in this account. This account is not FDIC insured
- Neither American Trust nor ATArchitect can guarantee that my needs will be met at my retirement
- Termination of this service does not reverse actions taken in the past by ATArchitect
- Changes in future investment elections and transfers of existing balances on the participant website will not terminate this service. To terminate ATArchitect, I must do so in writing to: American Trust at 895 Main Street, Dubuque, IA 52001
- I have read and understand the additional disclosures relating to the ATArchitect service and my account available at www.americantrustretirement.com

Yes, I have read and understand the agreement above and hereby opt-in to American Trust's ATArchitect service.

Participant Signature

Date

Print Name

If electing the ATArchitect, skip to section D and sign the agreement to complete the enrollment form. See page 2 to complete the form.

Enrollment Form

Rheinschmidt's Employee 401(k) Profit Sharing Plan

Two Rivers Bank & Trust
222 N. Main Street, Burlington IA 52601 • 319.753.9127 • tworiversbank.com

C. Investment Election *continued*

Option 2: Managed Allocation Funds (percentages must equal 100%)

By choosing a managed allocation portfolio, you agree to allow your portfolio manager to invest and reinvest your account in a manner deemed to be in your best interest and in accordance with the investment guidelines and terms they have established. Your election to use a managed allocation fund shall remain in effect until such time in which you make a new election. Fee information relative to this product can be found in the investment section of your enrollment folder or by contacting American Trust at 800.548.2994.

_____ % ATTrend Tactical Allocation Fund (ATTT)

_____ % ATDynamic Aggressive Growth (ATDAG)

_____ % ATDynamic Growth (ATDG)

_____ % ATDynamic Moderate (ATDMG)

_____ % ATDynamic Conservative Growth (ATDCG)

_____ % ATDynamic Conservative (ATDC)

D. Agreement

I hereby acknowledge the receipt of a copy of the summary plan description (SPD) on the named plan. I received a copy of the SPD before completing this form. I understand any future changes to my investments may be made on a daily basis and may be done via the telephone or Internet. I understand I have a duty to review my pay records to confirm the employer properly has implemented my salary deferral election. Furthermore, I have a duty to inform the plan administrator if I discover any discrepancy between my pay records and this form. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer. To modify my salary deferral election, I must file a salary deferral change form with my plan administrator.

Participant Signature

Date

Print Name

Advisory Committee Section

Date of hire _____ Rehire date _____ If rehired, original termination date _____ Location code _____

I have reviewed this document and have approved the form for accuracy.

Advisory signature _____ Effective 1/1/16