ILLINOIS STATE BANK
The Bank of You

DEFERRED COMPENSATION PLAN AMENDMENT
"Salary Reduction Agreement"

Name Social Security #
Address
City State Zip Code
Phone (H)(W)(C)
Email
Employer Name

Maximum Annual Deferral:

Maximum Annual Deferral shall not exceed the lesser of:

a.) 100% of Participant's includible compensation for the year
OR
b.) The "applicable dollar amount"; 2010…$16,500

PLUS: To include eligible catch-up contributions:
Please check **"if"** this deferral includes the use of catch-up contributions for
_____Participants over the age of 50;
_____Participants within 3 years of retirement.

Minimum Deferral: $10.00 per pay period; Model Portfolio options **$50.00** per pay period

DEPOSIT DIRECTIVE: I authorize my Employer to defer the total of $_____per pay period crediting to the investment(s) indicated as follows: (this dollar amount will replace previous deferral amount)

Model Portfolios* Minimum $50 per pay period

N. Conservative	$
O. Moderate	$
P. Aggressive	$

FDIC Insured Certificates Minimum $10 per pay period

A. NSB Variable Rate	$
B. NSB Blended Rate Term____mo/year	$

NSB Blended 5 years unless otherwise specified

Mutual Funds* Minimum $10 per pay period

C. BlackRock Equity Dividend	$	**L.** Federated Total Return Bond	$
D. TAP Stock Index	$	**M.** EuroPacific Growth R3	$
E. Nicholas Fund	$	**S.** Morgan Stanley Mid Cap Growth P	$
F. TAP Large Core	$	**T.** Nicholas Equity Income Fund	$
G. TAP Large Growth	$	**U.** American Fundamental Investors R-4	$
H. TAP Mid Value	$	**V.** Heartland Value Plus	$
I. Nicholas II Fund	$		
J. Nicholas Limited Edition Fund	$	**Y.** BlackRock LifePath	$
K. Royce Pennsylvania Small Core	$	*(Circle one 2020, 2030, 2040, 2050)*	

*All mutual fund investment options provided within this plan are: not insured by the FDIC or any other agency of the United States or the bank; are not deposits or other obligations of the institution and are not guaranteed by North Shore Bank; and are subject to investment risks, including loss of principal. Neither the EMPLOYER nor North Shore can provide any level of assurance that these funds will perform in a specific manner.

EMPLOYEE** Signature*_____Date***_____

EMPLOYER** Signature/title* _____Date***_____