

1. Personal Information (Please print)

Name		Social Security Number	
Address	City	State	Zip
Date of Birth	Date of Hire	Marital Status	
Employee Number	Work Location/Facility	#Hrs Worked/Week	Worked for BSJ Corp in the Past (Where/When)

In accordance with the Bethany St. Joseph Corporation Retirement Plan, ("the Plan"), I enter into this salary deferral agreement and investment election with my Employer by completing this Enrollment Form. As a participant in the Plan, I understand the Plan permits me to defer a portion of my compensation. Please refer to your Summary Plan Description for information on the amount and type of compensation on which you may defer.

2. Deferral Amount

The amount I elect to defer will be withheld from my paycheck and paid by my Employer into the Plan on my behalf.

- Effective _____ I wish to defer _____% from my compensation each payroll period.
- I do not wish to defer at this time. *(New Participants only)*

3. 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 Deferral 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 Deferral Agreement will NOT reduce my current Compensation 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 (if you check the "Split deferral election" box, complete both blank lines under the checked box):
 - _____% of my Compensation as pre-tax deferrals, AND _____% of my Compensation as Roth (after-tax) deferrals [in both blanks indicate at least 1% and specify a whole percentage number].

I understand: (1) My election in Section 3 regarding the type of deferrals is irrevocable once the Employer withholds the deferrals from my paycheck; and (2) any change of election regarding the type of deferrals is effective only for deferrals from paychecks I receive after the Plan Administrator accepts my change of election.

Print Name _____ Social Security Number _____

4. Investment Direction

This applies to your initial enrollment. Changes to your investments once you are enrolled in the Plan must be made either via the Participant Service Center at **844-749-9981**, or online at newportgroup.com.

You may elect to create your custom portfolio by allocating your contributions among the individual mutual funds listed below, (making sure that your allocation totals 100%).

<u>Percent</u>	<u>Name of Fund</u>	<u>Percent</u>	<u>Name of Fund</u>
_____ %	American Funds New Perspective - ANWPX	_____ %	Vanguard Wellington Admiral - VWENX
_____ %	American Funds EuroPacific Growth - AEPGX	_____ %	Vanguard Capital Opportunity - VHCAX
_____ %	American Funds Growth Fund of America - AGTHX	_____ %	Vanguard Short-Term Federal - VSGDX
_____ %	Vanguard Windsor II Admiral - VWNAX	_____ %	Schwab Total Stock Market - SWTSX

5. Additional Information Regarding Deferrals

Frequency. This agreement applies to Compensation (i.e. to each paycheck) paid after the effective date of the agreement.

Maximum deferrals/catch-up. My deferrals for any calendar year may not exceed the “402(g) limit”, unless I am age 50 or older (or will attain age 50) during the calendar year in which I defer. If I am or will attain age 50 during the calendar year, I may make additional deferrals, called “catch-up” contributions, in an amount not exceeding the applicable annual catch-up limit. For 2020, the 402(g) limit is \$19,500 and the catch-up limit is \$6,500. The 402(g) limit and catch-up limit are indexed for inflation after 2020. My deferrals, including “catch-up” contributions may not exceed 100% of my Compensation.

Effective date/term/changes. This Agreement is effective on the date the Plan Administrator accepts it and remains in effect until I change (revoke or modify) it. I may change my Agreement only by providing to the Plan Administrator a new Salary Deferral Agreement. Modifications are permitted effective with any pay period. I am also permitted to revoke my agreement at any time. If I revoke my Agreement, I may restart deferrals with any pay period. If I enter into a new Agreement subsequent to the date of this Agreement, the subsequent Agreement acts as a revocation of the prior Agreement, except as I specify otherwise in this Agreement.

Investment. My deferral account will be subject to Trust investment gain or loss in accordance with my investment direction.

Duty to review pay records. I understand I have a duty to review my pay records (pay stub, etc.) 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 Salary Deferral Agreement. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer.

6. Signature

I understand that the total amount of my salary deferrals may not exceed the “402(g) limit” as outlined above in Section 5. I understand that I retain the ability to make changes to my account by calling the Participant Service Center number at **844-749-9981** or online at newportgroup.com.

Today's Date: _____

Participant Signature

<p>For Employer Use Only</p> <p>Accepted this _____ day of _____, ____ Employer</p> <p>By: _____</p>
