

Participant Enrollment Form/Investment Election Form

FFInvest 457(b) Plan

PARTICIPANT INFORMATION

Employer Name: _____
 Employee Name: _____ Date of Birth: _____
 Street: _____ City: _____ State: _____ Zip: _____
 Social Security Number: _____ Date of Hire: _____ Married: _____ Single: _____
 Primary Email Address: _____ Daytime Phone #: _____
 Alternative Email Address: _____ New Enrollment: _____ Revised Enrollment: _____

CONTRIBUTION ELECTION

Elective Deferrals

I elect to participate and contribute _____% or \$ _____ of compensation per pay period on a pre-tax basis. (Maximum for all accounts - pre-tax and Roth contributions combined: \$20,500 for 2022)

I elect to participate and contribute _____% or \$ _____ of compensation per pay period to a Roth account. (Maximum for all accounts - pre-tax and Roth contributions combined: \$20,500 for 2022)

I elect not to make contributions until further notice.

Catch-up Contributions

If you will be 50 years old or older as of the last day of the calendar year and otherwise contribute the maximum allowable amount to the Plan, you are entitled to make additional "catch-up" contributions of up to \$6,500 for 2022. See the Plan Administrator or Plan Trustee for more details on how to make these catch-up contributions. You may be eligible for a special catch-up option if you did not defer the maximum amount in prior years. If applicable, you could contribute the unused or underutilized deferral amount in any one or all three calendar years ending prior to the calendar year of the plan's stated normal retirement age.

INVESTMENT ELECTION (Although First Financial may collect information, review your profile and provide descriptive information about your Employer's Retirement Plan, we do **not** make recommendations. You are responsible for choosing your investments.) **I acknowledge I have received Form CRS and I authorize all contributions to be invested as follows:**

Invesco STIT Fund	TRPXX	____%	Vanguard Small-Cap Growth Index Fund (Adm)	VSGAX	____%
Vanguard GNMA Fund (Adm)	VFIJX	____%	Harbor International Fund (Ret)	HNINX	____%
Vanguard Total Bond Market Index Fund (Adm)	VBTLX	____%	Artisan International Fund (I)	APHIX	____%
American Funds American Balanced Fund (R6)	RLBGX	____%	American Funds EuroPacific Growth Fund (R6)	RERGX	____%
American Funds American Mutual Fund (R6)	RMFGX	____%	Vanguard Target Retirement Income Fund (Inv)	VTINX	____%
Delaware Value Fund (R6)	DDZRX	____%	Vanguard Target Retirement 2015 Fund (Inv)	VTXVX	____%
American Funds Growth Fund of America (R6)	RGAGX	____%	Vanguard Target Retirement 2025 Fund (Inv)	VTTVX	____%
Harbor Capital Appreciation Fund (Ret)	HNACX	____%	Vanguard Target Retirement 2035 Fund (Inv)	VTTHX	____%
Vanguard 500 Index Fund (Adm)	VFIAX	____%	Vanguard Target Retirement 2045 Fund (Inv)	VTIVX	____%
Vanguard Mid-Cap Index Fund (Adm)	VIMAX	____%	Vanguard Target Retirement 2055 Fund (Inv)	VFFVX	____%
Vanguard Small-Cap Value Index Fund (Adm)	VSIAX	____%	Vanguard Target Retirement 2065 Fund (Inv)	VLXVX	____%
Brandes International Equity Fund (R6)	BIERX	____%	Must indicate whole percentages and total 100%		____%

If you do not make a selection, contributions will be allocated to the Plan's default fund(s) until your investment elections are received. See the "How Are Plan Contributions Invested?" section of the Plan Highlights for more information.

SIGNATURES

Participant's Signature: _____ Date: _____

For more information about your Plan, you can access the Internet Site at www.my457account.com. Like other Retirement Plans, the FFIInvest 457(b) Plan is intended to be a long-term Retirement Investment Vehicle; accordingly, withdrawals of an individual's deferred compensation contributions and earnings are generally only permitted under certain conditions i.e., death, separation from service (includes termination of employment or retirement at any age), an unforeseeable emergency as defined by the Internal Revenue Service (IRS) or attainment of age 70 1/2. For more information, please visit <http://ffinvest.my457account.com> or call InvesTrust at 1-866-848-0258.

Instead of completing these forms, you may enroll online at www.retirementlogin.net/investrust/enrollinplan.aspx or www.my457account.com by selecting "Retirement Plan Login (above InvesTrust logo), clicking "New User" and entering Plan Password (case sensitive): **Galena**

FFInvest 457(b) Plan Designation Beneficiary Form

Employer Name: _____
Social Security Number: _____ Date of Birth: _____
Employee Name: _____
Street: _____ City: _____ State: _____ Zip: _____

I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary under the Plan:

BENEFICIARY DESIGNATION

Primary Beneficiary:

Name: _____ Relationship: _____ SSN: _____ DOB: _____ %Share: _____

Name: _____ Relationship: _____ SSN: _____ DOB: _____ %Share: _____

Name: _____ Relationship: _____ SSN: _____ DOB: _____ %Share: _____

Contingent Beneficiary:

Name: _____ Relationship: _____ SSN: _____ DOB: _____ %Share: _____

Name: _____ Relationship: _____ SSN: _____ DOB: _____ %Share: _____

Name: _____ Relationship: _____ SSN: _____ DOB: _____ %Share: _____

CURRENT MARITAL STATUS: (check one)

I am not married. I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designated Beneficiary.

I am married. If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on the bottom of this form. (If consent of your spouse cannot be obtained - e.g., cannot be located or is incapacitated - contact your employer for information about possible alternatives.) I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation.

Signature of Participant: _____ Date: _____

SPOUSE'S CONSENT

I hereby approve of, and consent to, the beneficiary designation adopted by my spouse as provided above. I understand that I am entitled to receive spouse's benefit under the Plan unless I consent to a different beneficiary designation. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation on this page hereof without first obtaining my written consent.

Name of Spouse: _____ Spouse's Signature: _____ Date: _____

Sworn to, and witnessed by me, this _____ day of _____ (month), _____

Name of Notary Public: _____

Notary Public's Signature: _____ Date: _____

If not notarized, witnessed by:

Name of Plan Administrator: _____ Plan Administrator's Signature: _____ Date: _____