

Date:

CoastalStates Bank Consent to Receive Electronic Plan Disclosures

Individuals entitled to receive benefits under the CoastalStates Bank Employee Benefits Plan (the Plan) are also entitled to be furnished with certain documents required by ERISA. CoastalStates Bank intends to provide the following documents (as described below) electronically to you by CD, Company Intranet, or email:

- the Summary Plan Description (SPD);
- any required Summaries of Material Modifications (SMMs);
- the Summary Annual Report (SAR); and
- any documents required to be furnished under ERISA § 104(b)(4) on request by a Participant or beneficiary under the Plan or made available under ERISA § 104(b)(2).

What You Must Do:

To receive documents, you must complete and return the following Consent to Receive CoastalStates Bank Employee Benefits Plan Disclosures by _____ (insert CD, Company Intranet, email, etc.)

You may withdraw this consent by notifying Donna Weaver by sending an email message to dweaver@coastalstatesbank.com or via interoffice mail that indicates in the subject line:

Consent Withdrawn for _____ (insert CD, Company Intranet, email, etc.) and includes in the body your full name, address, and phone number. Provide us with an address to which paper documents should be sent.

Your Right to a Paper Copy:

You have a right to request and obtain a paper version of any document at no charge. If paper version is available, you will receive immediately or a paper copy will be sent to you via interoffice mail. You should contact Donna Weaver, who acts on behalf of the Plan administrator, at 770-203-4613 or dweaver@coastalstatesbank.com to request a paper copy.

Consent to Receive Plan Disclosures by _____ (insert CD, Company Intranet, Email, etc.)
I have read and received the Statement Regarding CoastalStates Bank Employee Benefits Plan Disclosures (the Statement), which is set out above.

I consent to receiving the type of documents described in the Statement by _____ (CD, Company Intranet, email, etc.). I confirm that I have the ability to access information in the format that is described in the Statement. I understand that I will receive copies of the types of document described in the Statement *only* in the _____ (CD, Company Intranet, email, etc.) form described unless I exercise my right to affirmatively request a paper copy of such document. I understand that I can withdraw this consent at any time by sending an email message to dweaver@coastalstatesbank.com or interoffice request to Donna Weaver tthat indicates in the subject line:

Consent Withdrawn for Electronic Disclosure and includes in the body my full name, address, and phone number.

Employee Name

Date

Please return to: Contact:	Donna Weaver
Employer:	CoastalStates Bank
Mailing or interoffice address:	5 Bow Circle Hilton Head Island, SC 29928
Email address of contact:	dweaver@coastalstatesbank.com

TASC • 2302 International Lane • Madison, WI 53704-3140 • www.tasconline.com

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The information in this communication is confidential and may be used by the authorized recipient only for its intended purpose only. Any other use or disclosure is prohibited.

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