Advisor HR
Enrollment Form

SLAVIC401K

Participant Information

Name: First | Middle | Last

Address

City | State | Zip | ( ) Telephone (Including area code)

Date of Birth | Social Security Number | Date of Hire

Email ☐ Check this box to receive electronic statements, required for notices and other plan information.

Are you an owner, a relative of an owner, or did you make over $115,000 last year with your current worksite employer? ☐ *Yes* ☐ *No*

Employer Information

Worksite Employer

Address

City | State | Zip | ( ) Telephone (Including area code)

For Office Use Only

Company#..... ***Rep#.....*** ***Plan#.....***

Contribution Instructions

☐ I elect to defer Traditional 401(k) ____% or $____ Per pay period. The Total contribution between the Roth and Traditional pre-tax 401(k) may not exceed $18,000 for 2015.

AND/OR

☐ I elect to defer ROTH 401(k) ____% or $____ Per pay period. The Total contribution between the Roth and Traditional pre-tax 401(k) may not exceed $18,000 for 2015.

Note

Fractional percentages will be rounded to the nearest whole percentage. The total amount may not exceed 98% of your compensation or $18,000 per year, whichever is less. This deduction will continue until your employer receives written notice of change. Key and Highly Compensated Employee deferrals may be limited by certain non discrimination tests. Participants over age 50 may defer an additional $6,000 (Max $24,000 under the catch-up EGTRRA 2001 provision.)

Please select your investment allocation on the following page. If you do not make an investment election, your account will be invested at the direction of the Trustee into the plans default investment option; a managed account or target date fund.

☐ I do not wish to make deferral contributions at this time.

Participant and Employer hereby mutually agree that Employer shall reduce and withhold the above salary reduction amount/percentage from the Participant's Compensation. The Employer shall contribute the amount so withheld to the voluntary 401(k) qualified plan (the Plan, terms and conditions are hereby incorporated by reference). This shall be in effect until Employer receives written notice of change. No distributions will be allowed before age 59 1/2 while still employed by the worksite, and on the plan sponsor's payroll provider.

The Annual Plan Administration Fee is $39 (not prorated). The fee to process plan distributions is $40 (hardships, rollovers, plan transfers or mergers). There is a $150 one-time loan document fee and an annual loan maintenance fee of $50. These fees will be deducted from your account.

Signature of Participant | Date

Rev. 08/01/2015

401(k) Plan Investment Options

You must select either section (A) Pre-allocated or (B) Self-Directed. If both A and B are selected, you will be invested as Self-Directed. If no selection is made, you will be invested in the plan's default option.

A Pre-Allocated Portfolios

☐ Aggressive Risk ☐ Moderate Risk ☐ Conservative Risk

The pre-allocated risk based portfolios are managed by Slavic Mutual Funds Management Corp. (SMF), an ERISA 3(38) Fiduciary Advisor. SMF is an affiliate of Slavic401k and charges a 0.25% management fee in addition to the plan asset fee. SMF recommends that you take the risk profile test on the website or in the enrollment booklet before choosing a portfolio.

B Self-Directed FundOptions

		%
***Specialty Investment Funds**		
*NWJFX	Nationwide Ziegler NYSEArca Tech 100	
*VENAX	Vanguard Energy Index Admiral	
*VGSLX	Vanguard REIT Index Admiral	
Foreign/Global Company Stock Funds		
RERGX	American Funds EuroPacific Growth R6	
RNPGX	American Funds New Perspective R6	
DFCEX	DFA Emerging Markets Core Equity	
VTIAX	Vanguard Total Int'l Stock Index Admiral	
Bonds/Money Market Funds		
DIPSX	DFA Inflation Protected Securities I	
JCPUX	JPMorgan Core Plus Bond R6	
PHYTX	Principal High Yield Inst.	
VBILX	Vanguard Intermediate-Term Bond Index	
VMMXX	Vanguard Money Market	
VBIRX	Vanguard Short-Term Bond Index Admiral	
VSGDX	Vanguard Short-Term Fed Admiral	
VBTLX	Vanguard Total Bond Market Index Admiral	
Small/Med. Co. Domestic Stock Funds		
VMGRX	Vanguard Mid Cap Growth Inv	
VIMAX	Vanguard Mid Cap Index Admiral	
VMVAX	Vanguard Mid Cap Value Index Admiral	
VSGAX	Vanguard Small Cap Growth Index Admiral	
VSMAX	Vanguard Small Cap Index Admiral	
VSIAX	Vanguard Small Cap Value Index Admiral	
Target Date/Asset Allocation		
VTWNX	Vanguard Target Retirement 2020	
VTTVX	Vanguard Target Retirement 2025	
VTHRX	Vanguard Target Retirement 2030	
VTTHX	Vanguard Target Retirement 2035	
VFORX	Vanguard Target Retirement 2040	
VTIVX	Vanguard Target Retirement 2045	
VFIFX	Vanguard Target Retirement 2050	
VFFVX	Vanguard Target Retirement 2055	
VTTSX	Vanguard Target Retirement 2060	
VTINX	Vanguard Target Retirement Income	
Large Co. Domestic Stock Funds		
DFLVX	DFA Large Cap Value Port. I	
JPIEX	JPMorgan Discipline Equity A	
VFIAX	Vanguard 500 Index Admiral	
VIGAX	Vanguard Growth Index Admiral	
VTSAX	Vanguard Tot Stock Market Index Admiral	

Total Must Equal 100%

*Specialty investments are high risk and only suitable as a small portion of your overall portfolio. Do not exceed 10% of your total assets in any one of these funds or 30% in any combination. Conservative investors close to retirement should not invest in these funds without professional guidance.

An asset fee of 1.1% or less will be charged based upon assets in the plan. All funds and portfolios bear some risk and your account could suffer a loss. There is no guarantee of future performance. Prospectuses are also available online at www.slavic401k.com.

Beneficiary Information

Note: If you are married, name your spouse since your spouse is lawfully your primary beneficiary. If you wish to name someone other than your spouse, your spouse must consent with a notarized signature on this form. If you do not include your beneficiary's SS#, it is your responsibility to provide the number to slavic401k.com. Please do so online under the beneficiary tab after you log into your account.

Primary Beneficiary	Social Security Number	Date of Birth	Percentage	Relationship
Contingent Beneficiary	Social Security Number	Date of Birth	Percentage	Relationship

I, spouse of the participant, understand that under the law, I am automatically the beneficiary who will receive 100% of the death benefits payable under the plan. I voluntarily choose to waive these rights, and I agree to the naming of the beneficiaries designated above.

Signature of Spouse (if applicable)	Date	Notary Public	Date
		State of: My Commission Expires:	

BY SIGNING THIS AUTHORIZATION YOU:

1.Authorize the use of an SIA clearing account as a conduit of funds to and from the fund families. No interest is paid.
2.Acknowledge that you must notify SIA within 14 business days of account statement mailing if you are not invested as designated on the enrollment form or SIA will not be responsible for any errors. You must have a faxed, dated change form or email record at Slavic to be considered for indemnification of errors. Enrollments and takeovers are processed on a best efforts basis. This account is subject to the terms of the fund's prospectuses.

Rev. 08/01/2015

Signature of Participant Date