

For faster processing, you may enroll
quickly and easily online at
slavic401k.com.

Participant Information

Name: First Middle Last
Address
City State Zip Telephone (Including area code)
Date of Birth Social Security Number Date of Hire

Email
 I hereby affirmatively elect to receive electronically the weekly 401(k) Email Express and the following section 2550.404a-5 disclosures and notices which I direct to be emailed to the address that I have provided:
Eligibility Notice; Qualified Default Investment Alternatives (QDIA) Notice; Safe Harbor Notice (if elected by the Plan Sponsor); Summary Plan Description (SPD), which contains plan benefits and disclosure of fees that affect your account; Auto Enrollment Notice (if elected by the Plan Sponsor); Trade Confirmations; Summary Annual Report (SAR) of the Plan; Summary Prospectus for the mutual funds available in your Plan; Amendments or modifications made to the Plan; Quarterly Statements; Form ADV; Form 1099-R; Routine changes to account information including contact information, verification information and account beneficiaries.

Are you an owner, a relative of an owner, or did you make over \$125,000 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 ___% or \$___ Per pay period. The Total contribution between the Roth and Traditional pre-tax 401(k) may not exceed \$19,500 for 2020.
AND/OR
- I elect to defer ___% or \$___ Per pay period. The Total contribution between the Roth and Traditional pre-tax 401(k) may not exceed \$19,500 for 2020.

Note
Fractional percentages will be rounded to the nearest whole percentage. The total amount may not exceed 98% of your compensation or \$19,500 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 \$6,500 (Max \$26,000 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.

Signature of Participant _____ Date _____

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 **Aggressive Risk** **Moderate Risk** **Conservative Risk**
Pre-Allocated Portfolios 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		%	Small/Med. Co. Domestic Stock Funds		%
Self-Directed Fund Options					
*Specialty Investment Funds			VMGRX	Vanguard Mid Cap Growth Inv	
*NWJFX	Nationwide Ziegler NYSE Arca Tech 100 Index	_____	VIMAX	Vanguard Mid Cap Index Admiral	_____
*VENAX	Vanguard Energy Index Admiral	_____	VMVAX	Vanguard Mid Cap Value Index Admiral	_____
*VGSLX	Vanguard Rea Estate Index Admiral	_____	VSGAX	Vanguard Small Cap Growth Index Admiral	_____
Foreign/Global Company Stock Funds			VSMAX	Vanguard Small Cap Index Admiral	_____
RERGX	American Funds EuroPacific Growth R6	_____	VSIAX	Vanguard Small Cap Value Index Admiral	_____
RNPGX	American Funds New Perspective R6	_____	Target Date/Asset Allocation		
DFCEX	DFA Emerging Markets Core Equity I	_____	VTWNX	Vanguard Target Retirement 2020	_____
VTIAX	Vanguard Total Int'l Stock Index Admiral	_____	VTTVX	Vanguard Target Retirement 2025	_____
Bonds/Money Market Funds			VTHRX	Vanguard Target Retirement 2030	_____
DIPSX	DFA Inflation Protected Securities I	_____	VTTHX	Vanguard Target Retirement 2035	_____
JCPUX	JPMorgan Core Plus Bond R6	_____	VFORX	Vanguard Target Retirement 2040	_____
PHYTX	Principal High Yield Inst.	_____	VTIVX	Vanguard Target Retirement 2045	_____
VMFXX	Vanguard Federal Money Market	_____	VFIFX	Vanguard Target Retirement 2050	_____
VBILX	Vanguard Intermediate-Term Bond Index	_____	VFFVX	Vanguard Target Retirement 2055	_____
VBIRX	Vanguard Short-Term Bond Index Admiral	_____	VTTSX	Vanguard Target Retirement 2060	_____
VSGDX	Vanguard Short-Term Fed Admiral	_____	VLXVX	Vanguard Target Retirement 2065	_____
VBTLX	Vanguard Total Bond Market Index Admiral	_____	VTINX	Vanguard Target Retirement Income	_____
			Large Co. Domestic Stock Funds		
			DFLVX	DFA US Large Cap Value Port Inst	_____
			JPIEX	JPMorgan US Research Enhanced Equity Fund	_____
			VFIAX	Vanguard 500 Index Admiral	_____
			VIGAX	Vanguard Growth Index Admiral	_____
			VTSAX	Vanguard Total 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.

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 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.

Signature of Participant

Date