

YPP Change Request Form

(For Existing

(Unless specified, changes will occur in ALL accounts.)



Participant Name & Address: (*Required)

<input type="checkbox"/> Check here if your name or address has	*Name _____	*Social Security _____
	Address _____	() _____
	City, State, Zip _____	*Home Phone _____
	Email _____	

Deferral Changed:

<input type="checkbox"/> Check here if you want your deferral changed.	Current Deduction % _____	New Deduction _____	Effective Date _____
	Deferral percentage must be a whole		
	Do you make over \$110,000 per year? _____ Are you an owner or relative of an owner? _____		

Participant's Signature: *Signature of Participant whole

(Select OPTION 1, 2, or 3 - you can only select of

OPTION 1
Pre-Allocated

Aggressive Portfolio
 Moderate Portfolio
 Conservative

(additional .25% management fee applies.)

OPTION 2
Pre-Allocated

If you are invested in a pre-allocated portfolio, leave the fund allocations below blank. If you designate your own portfolio by allocating among these funds, you cannot participate in OPTION 1.

***REQUEST TO TRANSFER:**
(Choose A or B for fund re-allocation)

- A Re-allocate both my current contributions and my future contributions.
 B Re-allocate only my future contributions..

IF NO SELECTION IS MARKED, BOTH CURRENT AND FUTURE CONTRIBUTIONS WILL BE PROCESSED

*Specialty Investment Funds	%	Small/Med. Co. Domestic Stock Funds	%
*SHISX BlackRock Health Sciences Svc _____		RPMGX T. Rowe Price Mid Cap Growth _____	
*PPTIX HighMark NYSE ArcaTech 100 Index _____		TGVOX TCW Value Opportunities I _____	
*PRNEX T. Rowe Price New Era _____		VMISX Vanguard Mid Cap Index Signal _____	
*VGRSX Vanguard REIT Index Signal _____		VISGX Vanguard Small Cap Growth Index _____	
		VSISX Vanguard Small Cap Index Signal _____	
Foreign/Global Company Stock Funds		Large Co. Domestic Stock Funds	
RWIGX American Funds Capital World G & I R6 _____		RGAGX American Funds Growth Fund of America R6 _____	
RERGX American Funds EuroPacific Growth R6 _____		MEIAX MFS Value A _____	
RNPGX American Funds New Perspective R6 _____		NBPBX Neuberger Berman Partners Adv _____	
VESSX Vanguard European Stock Index Signal _____		NBSRX Neuberger Berman Socially Responsible _____	
VTSGX Vanguard Total International Stock Index Signal _____		SVSPX SSgA S&P Index 500 _____	
		VTSSX Vanguard Total Stock Market Index Signal _____	
Bonds/Money Market Funds		Total Must Equal 100%	
VIPSX Vanguard Inflation Protected Securities _____			
VIBSX Vanguard Intermediate Bond Index Signal _____			
VMMXX Vanguard Prime Money Market _____			
VSGDX Vanguard Short-Term Fed. Admiral _____			
VBTSX Vanguard Total Bond Market Index Signal _____			

An asset fee of \$0.95% 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

*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.

OPTION 3

Individual Fund Sales: For self-directed accounts only. This option allows you to **sell all** of your balance in one fund and **re-allocate it** to another fund.

Sell Fund _____ **Buy Fund** _____ **Sell Fund** _____ **Buy Fund** _____

All accounts bear up to \$ 0.95% annual asset fee paid to SMF in addition to the 12b-1 fees each fund may charge and pay to SIC. Prospectuses may be viewed online at www.slavic401k.com for details of performance and fees charged by the fund.

PLEASE NOTE: Option 3 does not change your allocation. Future contributions will be invested as previously allocated. Please complete the self-directed section for any allocation changes.

Change of Beneficiary: If you are married and wish to name someone other than your spouse as your beneficiary, your spouse must complete a spousal consent/waiver form that is available on the web site or from our office upon request. The spousal waiver must be **notarized**.

_____	_____	_____	_____	_____
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 your employer to deduct from your compensation, the amount stated in your contribution instructions on the front of this form.
2. Authorize your Trustee(s)/Plan Administrator/SIA to: invest your contributions as indicated above, redeem the administrative fees as prescribed by the fee schedule, redeem the plan asset fee and the additional Option A SMF management fee if selected, and pay all sums payable by reason of your death to your named beneficiary.
3. Authorize the use of an SIA clearing account as a conduit of funds to and from the fund families. No interest is paid.
4. 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

FAX OR MAIL THIS FORM TO SLAVIC:

Slavic Investment Corporation (SIC), Member SIPC FINRA
Slavic Mutual Funds Management Corporation (SMF), Registered Investment Advisor
1075 Broken Sound Parkway NW, Suite 100, Boca Raton, FL 33487-3519
(561) 241-9244 (800) 356-3009 (561) 241-1070 Fax

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS