YPP

Enrollment Form

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 $110,000 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#.........................***

Contributions Instructions

Payroll Deferral Election

☐ I wish to participate at this time. The total amount to be deducted from my paycheck will be_______% (Whole % Only) or $_______ per pay period.

Note

The total amount may not exceed 75% of your compensation or $17,000 per year, whichever is less. This deduction will continue until your employer receives written notice of change. Key and Highly Compensated Employees are limited by a test to their deferral percentage. Participants over age 50 may defer an additional $5,500 (Max $22,500 under the catch-up EGTRRA 2001 provision.)

☐ I am only directing where my existing plan assets will be invested in the new plan.

☐ I have a balance to rollover from an IRA, a previous employer 401(k) or 403(b).

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

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 YPP and the work site

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

401(k) Plan Investment

You must select either section (A) Pre-Allocated Portfolio or (B) Self-Directed Portfolio You may not select from both options.

A Pre-Allocated Portfolios

☐ **Aggressive** This portfolio is designed for the person with a long-term investment horizon, a tolerance for risk, and the desire to achieve high rates of return. In addition to the plan asset fee, there is a .25 SMF rebalancing fee.

☐ **Moderate** This portfolio is designed to generate average returns with average risk. Investors with a 10 to 20 year retirement horizon should consider this approach. In addition to the plan asset fee, there is a .25 SMF rebalancing fee.

☐ **Conservative** This portfolio is designed to provide lower but more stable returns. It is utilized by individuals with a lower risk tolerance. The portfolio is designed to vary less than the market indexes. In addition to the plan asset fee, there is a .25 SMF rebalancing fee.

B Self-Directed FundOptions

*Specialty Investment Funds		%
*SHISX	BlackRock Health Sciences Svc	______
*PPTIX	HighMark NYSE ArcaTech 100 Index	______
*PRNEX	T. Rowe Price New Era	______
*VGRSX	Vanguard REIT Index Signal	______

Foreign/Global Company Stock Funds		%
RWIGX	American Funds Capital World G & I R6	______
RERGX	American Funds EuroPacific Growth R6	______
RNPGX	American Funds New Perspective R6	______
VESSX	Vanguard European Stock Index Signal	______
VTSGX	Vanguard Total International Stock Index Signal	______

Bonds/Money Market Funds		%
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	______

Small/Med. Co. Domestic Stock Funds		%
RPMGX	T. Rowe Price Mid Cap Growth	______
TGVOX	TCW Value Opportunities I	______
VMISX	Vanguard Mid Cap Index Signal	______
VISGX	Vanguard Small Cap Growth Index	______
VSISX	Vanguard Small Cap Index Signal	______

Large Co. Domestic Stock Funds		%
RGAGX	American Funds Growth Fund of America R6	______
MEIAX	MFS Value A	______
NBPBX	Neuberger Berman Partners Adv	______
NBSRX	Neuberger Berman Socially Responsible	______
SVSPX	SSgA S&P Index 500	______
VTSSX	Vanguard Total Stock Market Index Signal	______

Total Must Equal 100%

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.

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 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