



Participant Name & Address: (*Required)

<input type="checkbox"/> Check here if your name or address has changed.	*Name _____	*Social Security _____
	Address _____	() _____
	City, State, Zip _____	*Home Phone _____
	Email _____	
	Current Deduction % _____	New Deduction _____
	Effective Date _____	
	<i>Deferral percentage must be a whole number</i>	
	Do you make over \$115,000 per year? _____ Are you an owner or relative of an owner? _____	

Participant's Signature: _____ *Signature of Participant

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

OPTION 1

Pre-Allocated Portfolios:

Aggressive Portfolio
 Moderate Portfolio
 Conservative Portfolio

(additional .25% management fee applies.)

OPTION 2

Self-Directed Selections: 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**

*SHISX	BlackRock Health Sciences Svc	_____
*NWJCX	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 Int'l Stock Index Signal	_____

Bonds/Money Market Funds

VAIPX	Vanguard Inflation Protected Securities Admiral	_____
VIBSX	Vanguard Intermediate-Term 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

ACMVX	American Century Mid Cap Growth	_____
RPMGX	T. Rowe Price Mid Cap Growth	_____
VMGRX	Vanguard Mid Cap Growth	_____
VMISX	Vanguard Mid Cap Index Signal	_____
VISGX	Vanguard Small Cap Growth Index	_____
VSISX	Vanguard Small Cap Index Signal	_____

Large Co. Domestic Stock Funds

MEIAX	MFS Value A	_____
NBSRX	Neuberger Berman Socially Responsible	_____
SVSPX	SSgA S&P Index 500	_____
PRDGX	T. Rowe Price Dividend Growth	_____
PRWAX	T. Rowe Price New American Growth	_____
VTSSX	Vanguard Tot 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.

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.

<u>Sell Fund</u> (Fund Symbol)	<u>Buy Fund</u> (Fund Symbol)	<u>Sell Fund</u> (Fund Symbol)	<u>Buy Fund</u> (Fund Symbol)
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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***.

<u>Primary Beneficiary</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Percentage</u>	<u>Relationship</u>
<u>Contingent Beneficiary</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Percentage</u>	<u>Relationship</u>

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.

<u>Signature of Spouse (if applicable)</u>	<u>Date</u>	<u>Notary Public</u>	<u>Date</u>
		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 33487-3540
(561) 241-9244 (800) 356-3009 (561) 241-1070 Fax

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS