



Participant Information

Name: First Middle Last

Address

City State Zip Telephone (Including area code)

Date of Birth Social Security Number Date of Hire

*Check this box to receive statements, required notices, and other plan information via secure electronic delivery. You may unsubscribe at any time on the slavic401k.com website and there is no extra fee for receiving paper statements via US mail.

* By checking the block, I hereby consent to receive, via electronic delivery from the Administrator, required 401(k) notices that may include: Eligibility notice, Qualified Default Investment Alternatives (QDIA) notice, Safe Harbor notice (if elected), Summary Plan Description (SPD), Auto enrollment notice (if elected), Trade Confirmations, Summary Annual Report (SAR) of the plan, Summary Prospectus for funds, Plan Amendments or modifications, Quarterly Statements, Email Express.

Grid for email address input

Email Address - Required

Are you an owner, a relative of an owner, or did you make over \$115,000 last year? Yes No

Employer Information

Work site Employer Telephone (Including area code)

For Office Use Only Company # Rep # 1074 Plan #

Contribution Instructions

I elect to defer Traditional 401(k) ___% or \$___ per pay period. The Total contribution between both the Roth and pre-tax 401(k) may not exceed \$17,500 for 2014.

AND/OR

I elect to defer ROTH 401(k) ___% or \$___ per pay period. The Total contribution between both the Roth and pre-tax 401(k) may not exceed \$17,500 for 2014.

Note:

The total amount may not exceed 98% of your compensation or \$17,500 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 \$23,000 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 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

Enroll online

401(k) Plan Investment Options

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 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 Fund Options					
*Specialty Investment Funds			Small/Med. Co. Domestic Stock Funds		
SHISX	*BlackRock Health Sciences Svc	_____	ACMVX	American Century Mid Cap Growth	_____
NWJCX	*Nationwide Ziegler NYSE Arca Tech 100 In	_____	RPMGX	T. Rowe Price Mid Cap Growth	_____
PRNEX	*T. Rowe Price New Era	_____	VMGRX	Vanguard Mid Cap Growth Inv	_____
VGRSX	*Vanguard REIT Index Signal	_____	VMISX	Vanguard Mid Cap Index Signal	_____
EKWAX	*Wells Fargo Precious Metals	_____	VISGX	Vanguard Small Cap Growth Index	_____
Foreign/Global Company Stock Funds			VSISX	Vanguard Small Cap Index Signal	_____
RWIGX	American Funds Capital World G & I R6	_____	Large Co. Domestic Stock Funds		
RERGX	American Funds EuroPacific Growth R6	_____	MEIAX	MFS Value A	_____
RNPGX	American Funds New Perspective R6	_____	NBSRX	Neuberger Berman Socially Responsibl	_____
VESSX	Vanguard European Stock Index Signal	_____	SVSPX	SSgA S&P Index 500	_____
VTSGX	Vanguard Total Int'l Stock Index Signal	_____	PRDGX	T. Rowe Price Dividend Growth	_____
Bonds/Money Market Funds			PRWAX	T. Rowe Price New American Growth	_____
VAIPX	Vanguard Inflation Protected Securities Admi	_____	VTSSX	Vanguard Tot Stock Market Index Sig	_____
VIBSX	Vanguard Intermediate-Term Bond Index Sig	_____	Total Must Equal 100%		
VBSSX	Vanguard Short-Term Bond Index Signal	_____			
VSGDX	Vanguard Short-Term Fed Admiral	_____			
VBTSX	Vanguard Total Bond Market Index Signal	_____			
VMMXX	Vanguard Prime Money Market	_____			

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

A plan 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.

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