

Change Request Form (For Existing Participants)

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

www.slavic401k.com

The internet connection to your future

Participant Name & Address: (*Required)

Check here if your name or address has changed.

*Name _____ *SSN _____
Address _____ *Home Phone _____
City, State, Zip _____ *Work Phone _____
Email _____

Deferral Changed:

Check here if you want your deferral changed.

Current Deduction % _____ New Deduction % _____ Effective Date _____
Deferral percentage must be a whole number)
Do you make over \$95,000 per year? _____ Are you an owner or relative of an owner? _____
(You must answer these questions if you are changing your deferral percentage)

Participant's Signature:

*Signature of Participant

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 _____
Signature of Spouse (if applicable) _____ Date _____ Notary Public _____ Date _____
State of: _____ My Commission Expires: _____

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

OPTION 1:

Pre-Allocated Portfolios - If you check one of the three boxes below, you are hereby engaging SMF to allocate your account for an additional asset based charge of .25% per annum (Total of _____ or less) or you are already invested in a pre-allocated portfolio and are requesting a change to another pre-allocated portfolio.

- Aggressive Portfolio** **Moderate Growth Portfolio** **Conservative Portfolio**

OPTION 2:

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 all** to another fund.

Sell Fund _____ **Buy Fund** _____ **Sell Fund** _____ **Buy Fund** _____
(fund symbol) (fund symbol) (fund symbol) (fund symbol)

All accounts bear up to _____ 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 2 does not change your allocation. Future contributions will be invested as previously allocated. Please complete the self-directed section for any allocation changes.

OPTION 3:

Self-Directed-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

B. Self-Directed Fund Options

Table with columns for fund codes (e.g., SHISX, PRNEX, RWIEX, FDVAX, BRSIX, TGVOX, VIMSX, RGAEX, NBPBX, VTSMX, VIPSX, VMMXX, VBMFX, PPTIX, VGSIX, RNPEX, PRASX, RPMGX, TAVFX, VISGX, PZVFX, SVSPX, VBIIX, VSGBX) and percentages. Includes sub-sections like 'Specialty Investment Funds', 'Foreign/Global Company Stock Funds', 'Small/Med. Co. Domestic Stock Funds', 'Large Co. Domestic Stock Funds', and 'Bonds/Money Market Funds'. 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.

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.

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.
3. Authorize your Trustee(s)/Plan Administrator/SIA to pay all sums payable by reason of your death to your named beneficiary.
4. Authorize your Trustee(s)/Plan Administrator/SIA to redeem the SMF plan asset fee and the additional OPTION 1 management fee if selected.
5. Authorize the use of Depository Services, Inc. (DSI) trust account as a conduit of funds to and from the fund families. No interest is paid on the DSI plan bank account; it is used as a conduit for contributions to the fund companies.
6. Authorize your Trustee(s)/Plan Administrator/DSI to pay the administrative fees as prescribed by the fee schedule.

Participants must notify SIA within 10 business days of account/confirmation statement mailing if the participant is not invested as designated on the enrollment/change form or SIA will not be held responsible for any errors. This account is subject to the terms of the Fund's prospectuses, as amended from time to time, and the terms set forth, and is subject to acceptance by the Funds and to the laws of Florida. All terms shall be binding upon the heirs, representatives, and assigns of the account's owner. Please do not hesitate to call SMF at 1-800-356-3009 with any questions.

Signature of Participant _____ Date _____

FAX OR MAIL THIS FORM TO SLAVIC:

Slavic Investment Corporation (SIC), Member SIPC NASD
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