

Participant Information

Name: First Middle Last

Address

City State Zip Telephone (Including area code) ()

Date of Birth Social Security Number Date of Hire

Email

Are you an owner, a relative of an owner, or did you make over \$100,000 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#.....
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Contributions Instructions

Payroll Deferral Election

I wish to participate at this time. The total amount to be deducted from my paycheck will be _____% per pay
Note
(Whole Percentage Only)

The total amount may not exceed 95% of your compensation or \$15,500 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 \$5,000 (Max \$20,500 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 Simple HR and the work site

The Annual Plan Administration Fee is 9.75 (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 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 Portfolio:** 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 Portfolio:** 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 Portfolio:** 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 Fund Options

*Specialty Investment Funds		%	Small/Med. Co. Domestic Stock Funds		%
*SHISX	BlackRock Health Sciences Svc	_____	BRSIX	Bridgeway Ultra-Small Company	_____
*PPTIX	North Track NYSE ArcaTech 100	_____	RPMGX	T. Rowe Price Mid Cap Growth	_____
*PRNEX	T. Rowe Price New Era	_____	TGVOX	TCW Value Opportunities I	_____
*VGSIX	Vanguard REIT Index	_____	VIMSX	Vanguard Mid Cap Index	_____
			VISGX	Vanguard Small Cap Growth Index	_____
Foreign/Global Company Stock Funds			Large Co. Domestic Stock Funds		
RWIEX	American Funds Capital World G & I	_____	RGAEX	American Funds Growth Fund of	_____
RNPEX	American Funds New Perspective R4	_____	PZFBX	Hancock Classic Value	_____
FDVAX	Fidelity Adv Diversified International	_____	NBPBX	Neuberger Berman Partners Adv	_____
PRASX	T. Rowe Price New Asia	_____	SVSPX	SSgA S&P Index 500	_____
TAVFX	Third Avenue Value	_____	VTSSX	Vanguard Total Stock Market Index	_____
Bonds/Money Market Funds			Total Must Equal 100%		
VIPSX	Vanguard Inflation Protected	_____			
VBIIIX	Vanguard Intermediate Bond Index	_____			
VMMXX	Vanguard Prime Money Market	_____			
VSGBX	Vanguard Short-Term Fed.	_____			
VBMFX	Vanguard Total Bond Market Index	_____			

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, your spouse is automatically your lawful beneficiary. If you wish to name someone other than your spouse, your spouse must consent by signing the spousal consent line below in order for your designation to be effective. Your spouse's signature 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 _____