Simple HR
Enrollment Form

SLAVIC 401k
Performance • Service • Innovation

Participant Information

Name: First Middle Last

Address

City State Zip ( ) Telephone (Including area code)

Date of Birth Social Security Number Date of Hire

Email Address

☐ *Check this box to receive statements, required notices, and other plan information via secure electronic delivery. You may unsubscribe at anytime 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.

Are you an owner, a relative of an owner, or did you make over $110,000 last year? ☐ Yes ☐ No

Employer Information

Work site Employer ( ) Telephone (Including area code)

For Office Use Only ***Company #*** ________ ***Rep #*** ________ ***Plan #*** ________

Contribution Instructions

Payroll Deferral Election:

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

Note:
The total amount may not exceed 98% 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 $22,000 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).
(Please call 800-356-3009 for assistance.)

☐ 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 Simple HR 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 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	%
SHISX	*BlackRock Health Sciences Svc	______
PPTIX	*HighMark NYSE ArcaTech 100 Index	______
PRNEX	*T. Rowe Price New Era	______
VGSIX	*Vanguard REIT Index	______
	Foreign/Global Company Stock Funds	
RWIEX	American Funds Capital World G & I R4	______
RNPEX	American Funds New Perspective R4	______
FDVAX	Fidelity Adv Diversified International A	______
PRASX	T. Rowe Price New Asia	______
TAVFX	Third Avenue Value	______
	Bonds/Money Market Funds	
VIPSX	Vanguard Inflation Protected Securities	______
VBIIX	Vanguard Intermediate Bond Index	______
VSGBX	Vanguard Short-Term Fed.	______
VBMFX	Vanguard Total Bond Market Index	______
VMMXX	Vanguard Prime Money Market	______

	Small/Med. Co. Domestic Stock Funds	%
BRSIX	Bridgeway Ultra-Small Company Market	______
RPMGX	T. Rowe Price Mid Cap Growth	______
TGVOX	TCW Value Opportunities I	______
VIMSX	Vanguard Mid Cap Index	______
VISGX	Vanguard Small Cap Growth Index	______
	Large Co. Domestic Stock Funds	
RGAEX	American Funds Growth Fund of America R4	______
PZFVX	Hancock Classic Value	______
NBPBX	Neuberger Berman Partners Adv	______
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*

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*1075 Broken Sound Pkwy NW, Suite 100 Boca Raton, Florida 33487 * 561-241-9244 * 800-356-3009 * FAX 561-241-1070 * Member FINRA, SIPC.*