

Enrollment Form

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? Yes No

Employer Information

Work site Employer

Address

City State Zip Telephone (Including area code)

For Office Use Only Company # Rep # Plan #

Beneficiary Information

(Note: If you are married and wish to name someone other than your spouse as the beneficiary, your spouse must consent to the designation by signing the spousal consent line below. 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

Signature of Spouse (if applicable) Date Notary Public Date

State of: _____ My Commission Expires: _____

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 _____ of your compensation or \$15,500 per year, whichever is less. Participants over age 50 may defer an additional \$5,000 (Max \$20,500 under the EGTRRA 2001 "catch-up" 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). (A Representative will call you, or you may call 800-356-3009 for assistance.)

I do not wish to make deferral contributions at this time

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

	<u>*Specialty Investment Funds</u>	%		%	
SHISX	*BlackRock Health Sciences Svc	_____	FKRCX	*Franklin Gold & Precious Metals	_____
PPTIX	*HighMark NYSE ArcaTech 100 Index	_____	MMUFX	*MFS Utilities A	_____
PRNEX	*T. Rowe Price New Era	_____	VGRSX	*Vanguard REIT Index	_____
	<u>Foreign/Global Company Stock Funds</u>				
RWIEX	American Funds Capital World G & I R4	_____	RNPEX	American Funds New Perspective R4	_____
FDVAX	Fidelity Adv Diversified International A	_____	VESSX	Vanguard European Stock Index	_____
VGTSX	Vanguard Total International Stock Index	_____			
	<u>Small/Med. Co. Domestic Stock Funds</u>				
RPMGX	T. Rowe Price Mid Cap Growth	_____	TGVOX	TCW Value Opportunities I	_____
VMISX	Vanguard Mid Cap Index	_____	VISGX	Vanguard Small Cap Growth Index	_____
	<u>Large Co. Domestic Stock Funds</u>				
RGAEX	American Funds Growth Fund of America R4	_____	MEIAX	MFS Value A	_____
SVSPX	SSgA S&P Index 500	_____	PRDGX	T. Rowe Price Dividend Growth	_____
VTSSX	Vanguard Total Stock Market Index	_____			
	<u>Bonds/Money Market Funds</u>				
VWEHX	Vanguard High Yield Corp.	_____	VIPSX	Vanguard Inflation Protected Securities	_____
VBIIX	Vanguard Intermediate Bond Index	_____	VMMXX	Vanguard Prime Money Market	_____
VSGBX	Vanguard Short-Term Fed.	_____	VBMFX	Vanguard Total Bond Market Index	_____
			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.

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.

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. The Employer shall contribute the amount so withheld to the voluntary 401(k) Qualified Plan. This shall be in effect until the Employer receives written notice of change. No distributions will be allowed before age 59 1/2 while still employed by Accord Human Resources and the worksite.
2. Authorize your Trustee(s)/Plan administrator/SIA to invest your contributions as indicated above.
3. Authorize your Trustee(s)/Plan administrator/SIA to redeem the SMF plan asset fee and the additional Option A management fee if selected.
4. Authorize your Trustee(s)/Plan administrator/SIA to pay all sums payable by reason of your death to your named beneficiary.
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.
6. Authorize your Trustee(s)/Plan administrator/DSI to pay the administrative fees as prescribed by the fee schedule.
7. Participants must notify SIA within 14 business days of account statement mailing if the participant is not invested as designated on the enrollment form or SIA will not be responsible for any errors. Participants 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 _____

Slavic Investment Corporation

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