

2019 Catch-Up Contribution Authorization 401(k) Retirement Plan

The Economic Growth and Tax Relief Reconciliation Act of 2001 ("EGTRRA") provides for a "catch-up" contribution for employees age 50 or older. As a participant in the 401(k) Retirement Plan, if you will be age 50 or older by 12/31/19 you will be permitted to make an additional salary contribution of up to \$6,000 in 2019. This additional contribution will **not** be taken into account for nondiscrimination testing purposes or plan contribution limits.

Employee Information (* Required Information): PEO/PlanRight: _____

Name*: _____ SSN*: _____

Address: _____

City, State, Zip: _____ Phone*: _____

Email: _____ Date of Birth: _____

Catch-Up Contribution Instructions for the 2019 Plan Year:

I wish to make a catch-up contribution for the 2019 plan year. The maximum catch-up contribution for 2019 is \$6,000. Please deduct the following amount from my paycheck (select one):

- I elect to reduce my eligible compensation at my same percentage or dollar amount as my current salary deferral over the remaining pay periods. This election is effective the first payroll after reaching the \$19,000 IRS maximum deferral and may not be retroactive.
- Traditional 401(k):** _____% or \$_____ per pay period (whole percentage only).
- ROTH 401(k):** _____% or \$_____ per pay period (whole percentage only).
- One-Time Deduction of **\$6000** on my next pay period (allow 5 business days for processing)
Note: Employer matching contributions are calculated each pay period based on your elective deferrals for that pay period. A one-time deduction may limit the matching contribution you are eligible to receive.
- One-time deduction of \$_____ on my next pay period (allow 5 business days for processing) **Select this One-Time option for an amount lower than \$6,000
Note: Employer matching contributions are calculated each pay period based on your elective deferrals for that pay period. A one-time deduction may limit the matching contribution you are eligible to receive.

Authorization: By signing this authorization you:

1. Authorize your Trustee/Plan Administrator/Slavic to Invest your contributions and account as indicated.
2. Authorize your Trustee(s)/Plan Administrator to pay all sums payable by reason of your death to your named beneficiary.
3. The undersigned certifies that he/she has the power and authority to give the instructions stated herein. This account is subject to the terms of the Fund's prospectus as amended from time to time, and the term herein set forth, and is subject to acceptance by the Funds. All terms shall be binding upon the heirs, representatives and assigns of the account owner.

Participant Signature*

Date*

FAX OR MAIL THIS FORM TO:

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Fax: 561-241-1070