Employers Resource

Change Request Form (For Existing Participants)

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

Participant Name & Address: **(*Required)**

☐ ***Check here if your name or address has changed.***

*Name

*Social Security

Address

( )
*Home Phone

City, State, Zip

Email

Deferral Changed:

☐ I elect to defer Traditional 401(k) ____% (The Total contribution between the Roth and Traditional pre-tax 401(k) may not exceed $19,000 for 2019.

AND/OR

☐ I elect to defer ROTH 401(k) ____% (The Total contribution between the Roth and Traditional pre-tax 401(k) may not exceed $19,000 for 2019.

Do you make over $125,000 per year?_______ Are you an owner or relative of an owner?______

Participant's Signature: **Signature of Participant*

(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 1.2% 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 Portfolio** ☐ **Conservative Portfolio**

OPTION 2

Self-Directed Options: 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

*Specialty Investment Funds		%
*SHISX	BlackRock Health Sciences Opportunities	______
*PBRIX	Federated Prudent Bear	______
*FKRCX	Franklin GoldPrecious Metals A	______
*NWJCX	Nationwide Ziegler NYSE Arca Tech 100 Index	______
*RYURX	Rydex Inverse S&P 500 Strategy Inv	______
*PRNEX	T. Rowe Price New Era	______
*VGSLX	Vanguard Rea Estate Index Admiral	______

Foreign/Global Company Stock Funds		
RWIGX	American Funds Capital World GI R6	______
RNPGX	American Funds New Perspective R6	______
FAIDX	Fidelity Advisor Int'l Discovery A	______
BTMKX	iShares MSCI EAFE International Index K	______
TAVFX	Third Avenue Value	______
VEUSX	Vanguard European Stock Index Admiral	______

Bonds/Money Market Funds		
FSITX	Fidelity US Bond Index Premium	______
VMFXX	Vanguard Federal Money Market	______
VAIPX	Vanguard Inflation Protected Securities Admiral	______
VBILX	Vanguard Intermediate-Term Bond Index	______
VSGDX	Vanguard Short-Term Fed Admiral	______
VTAPX	Vanguard Short-Term Infl Prot Index Admiral	______

Small/Med. Co. Domestic Stock Funds		%
OPMSX	Oppenheimer Main Street Small Cap	______
VMGMX	Vanguard Mid Cap Growth Index Admiral	______
VIMAX	Vanguard Mid Cap Index Admiral	______
VMVAX	Vanguard Mid Cap Value Index Admiral	______
VSGAX	Vanguard Small Cap Growth Index Admiral	______

Target Date/Asset Allocation		
VTXVX	Vanguard Target Retirement 2015	______
VTWNX	Vanguard Target Retirement 2020	______
VTTVX	Vanguard Target Retirement 2025	______
VTHRX	Vanguard Target Retirement 2030	______
VTTHX	Vanguard Target Retirement 2035	______
VFORX	Vanguard Target Retirement 2040	______
VTIVX	Vanguard Target Retirement 2045	______
VFIFX	Vanguard Target Retirement 2050	______
VFFVX	Vanguard Target Retirement 2055	______
VTTSX	Vanguard Target Retirement 2060	______
VLXVX	Vanguard Target Retirement 2065	______
VTINX	Vanguard Target Retirement Income	______

Large Co. Domestic Stock Funds		
RGAGX	American Funds Growth Fund of America R6	______
RWMGX	American Funds Washington Mutual R6	______
PRDGX	T. Rowe Price Dividend Growth	______
VFIAX	Vanguard 500 Index Admiral	______
VEIRX	Vanguard Equity Income Admiral	______
VTSAX	Vanguard Total Stock Market Index Admiral	______

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.

OPTION 3
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*** to another fund.

Sell Fund__________ (Fund Symbol)	*Buy Fund*__________ (Fund Symbol)	***Sell Fund***__________ (Fund Symbol)	*Buy Fund*__________ (Fund Symbol)

All accounts bear up to 0.95% 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 3 does not change your allocation. Future contributions will be invested as previously allocated. Please complete the self-directed section for any allocation changes.

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

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

FAX OR MAIL THIS FORM TO SLAVIC:

Slavic Investment Corporation (SIC), Member SIPC FINRA
Slavic Mutual Funds Management Corporation (SMF), Registered Investment Advisor
1075 Broken Sound Parkway NW, Suite 100, Boca Raton, FL 33487-3540
(561) 241-9244 (800) 356-3009 (561) 241-1070 Fax

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS