

Integrity Outsource

Change Request Form (For Existing Participants)
 (Unless specified, changes will occur in ALL accounts.)
 Participant Name & Address:

One-Time Contribution Change for

paydate: _____
 (*Required)



<input type="checkbox"/> Check here if your name or address has changed.	*Name _____	*Social Security _____
	Address _____	() _____
	City, State, Zip _____	*Home Phone _____

Deferral Changed:

I elect to defer Traditional 401(k) AND/OR

I elect to defer ROTH 401(k)

_____% or \$____ Per pay period. The Total contribution between the Roth and Traditional pre-tax 401(k) may not exceed \$19,500

_____% or \$____ Per pay period. The Total contribution between the Roth and Traditional pre-tax 401(k) may not exceed \$19,500 Do you make over \$130,000 per year? _____ Are you an owner or relative of an owner? _____

Signature: _____ Date: _____

Participant's Signature: _____

(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 1.35% 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	%	Small/Med. Co. Domestic Stock Funds	%
*FMFEX Fidelity Advisor® Materials I	_____	ACMVX American Century Mid Cap Value Inv	_____
*FUFRX Franklin Utilities R6	_____	VIMAX Vanguard Mid Cap Index Admiral	_____
*NWJFX Nationwide NYSE Arca Tech 100 Idx InsSvc	_____	VMGMX Vanguard Mid-Cap Growth Index Admiral	_____
*VGSIX Vanguard Real Estate Index Admiral	_____	VSGAX Vanguard Small Cap Growth Index Admiral	_____
		VSMAX Vanguard Small Cap Index Adm	_____
		VSIAX Vanguard Small Cap Value Index Admiral	_____
Foreign/Global Company Stock Funds		Target Date/Asset Allocation Funds	
RERGX American Funds Europacific Growth R6	_____	VTXVX Vanguard Target Retirement 2015 Inv	_____
DFCEX DFA Emerging Markets Core Equity I	_____	VTWNX Vanguard Target Retirement 2020 Inv	_____
BTMKX iShares MSCI EAFE Intl Idx K	_____	VTTVX Vanguard Target Retirement 2025 Inv	_____
Bond/Money Market/Stable Value Funds		VTHR X Vanguard Target Retirement 2030 Inv	_____
FXNAX Fidelity® US Bond Index	_____	VTSHX Vanguard Target Retirement 2035 Inv	_____
PHAYX Putnam High Yield Y	_____	VFORX Vanguard Target Retirement 2040 Inv	_____
VMFXX Vanguard Federal Money Market Investor	_____	VTIVX Vanguard Target Retirement 2045 Inv	_____
VAIPX Vanguard Inflation-Protected Secs Adm	_____	VFIFX Vanguard Target Retirement 2050 Inv	_____
VBILX Vanguard Interm-Term Bond Index Adm	_____	VFFVX Vanguard Target Retirement 2055 Inv	_____
VBIRX Vanguard Short-Term Bond Index Adm	_____	VTTSX Vanguard Target Retirement 2060 Inv	_____
VSGDX Vanguard Short-Term Federal Adm	_____	VLXVX Vanguard Target Retirement 2065 Inv	_____
VTAPX Vanguard Shrt-Term Infl-Prot Sec Idx Adm	_____	VTINX Vanguard Target Retirement Income Inv	_____
		Large Co. Domestic Stock Funds	
		FXAIX Fidelity® 500 Index	_____
		PRWAX T. Rowe Price All-Cap Opportunities Fund	_____
		PRDGX T. Rowe Price Dividend Growth	_____
		VTSAX Vanguard Total Stock Mkt Idx Adm	_____
		VVIAX Vanguard Value Index Adm	_____
Total Must Equal 100%			

An asset fee of 1.1% 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.

<u>Sell Fund</u> _____ (Fund Symbol)	<u>Buy Fund</u> _____ (Fund Symbol)	<u>Sell Fund</u> _____ (Fund Symbol)	<u>Buy Fund</u> _____ (Fund Symbol)
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All accounts bear up to 1.1% 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 33487-3519
(561) 241-9244 (800) 356-3009 (561) 241-1070 Fax

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Rev. 04/01/2015

Slavic Investment Corporation

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