

Vensure Employer Services, Inc.

Change Request Form (For Existing Participants)
(Unless specified, changes will occur in ALL accounts.)

(*Required)



Participant Name & Address:

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

Deferral Changed:

I elect to defer Traditional 401(k) AND/OR _____ % or \$ _____ Per pay period. The Total contribution between the Roth and Traditional pre-tax 401(k) may not exceed \$19,000

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 \$19,000

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	%	Small/Med. Co. Domestic Stock Funds	%
*SHISX BlackRock Health Sciences Opportunities	_____	VIMAX Vanguard Mid Cap Index Admiral	_____
*FMFEX Fidelity Advisor Materials I	_____	VSGAX Vanguard Small Cap Growth Index Admiral	_____
*FUFRX Franklin Utilities R6	_____	VSMAX Vanguard Small Cap Index Admiral	_____
*OGMIX Invesco Oppenheimer Gold & Special Minerals	_____	Target Date/Asset Allocation	
*NWJXC Nationwide Ziegler NYSE Arca Tech 100 Index	_____	VTXVX Vanguard Target Retirement 2015	_____
*VGELX Vanguard Energy Admiral	_____	VTWNX Vanguard Target Retirement 2020	_____
*VGS LX Vanguard Rea Estate Index Admiral	_____	VTTVX Vanguard Target Retirement 2025	_____
Foreign/Global Company Stock Funds		VTHR X Vanguard Target Retirement 2030	_____
RWIGX American Funds Capital World GI R6	_____	VTT H X Vanguard Target Retirement 2035	_____
REGX American Funds EuroPacific Growth R6	_____	VFORX Vanguard Target Retirement 2040	_____
RNPGX American Funds New Perspective R6	_____	VTIVX Vanguard Target Retirement 2045	_____
BTMKX iShares MSCI EAFE International Index K	_____	VFIFX Vanguard Target Retirement 2050	_____
PIEQX T. Rowe Price Int'l Equity Index	_____	VFFVX Vanguard Target Retirement 2055	_____
Bonds/Money Market Funds		VTT SX Vanguard Target Retirement 2060	_____
FXNAX Fidelity US Bond Index	_____	VLXVX Vanguard Target Retirement 2065	_____
VMFXX Vanguard Federal Money Market	_____	VTINX Vanguard Target Retirement Income	_____
VAIPX Vanguard Inflation Protected Securities Admiral	_____	Large Co. Domestic Stock Funds	
VBILX Vanguard Intermediate-Term Bond Index	_____	FXAIX Fidelity 500 Index	_____
VBIRX Vanguard Short-Term Bond Index Admiral	_____	BKTSX iShares Total US Stock Market Index K	_____
VSGDX Vanguard Short-Term Fed Admiral	_____	JPIEX JPMorgan US Research Enhanced Equity Fund	_____
VTAPX Vanguard Short-Term Infl Prot Index Admiral	_____	PLGIX Principal Large Cap Growth I Inst	_____
VBTLX Vanguard Total Bond Market Index Admiral	_____	VINAX Vanguard Industrials Index 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.

<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 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**.

<u>Primary Beneficiary</u> _____	<u>Social Security Number</u> _____	<u>Date of Birth</u> _____	<u>Percentage</u> _____	<u>Relationship</u> _____
<u>Contingent Beneficiary</u> _____	<u>Social Security Number</u> _____	<u>Date of Birth</u> _____	<u>Percentage</u> _____	<u>Relationship</u> _____

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.

<u>Signature of Spouse (if applicable)</u> _____	<u>Date</u> _____	<u>Notary Public</u> _____	<u>Date</u> _____
		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.

<u>Signature of Participant</u> _____	<u>Date</u> _____
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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