

Synergetic Change Request Form

(For Existing Participants)

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

www.slavic401k.com

Participant Name & Address: (*Required)

<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) _____% or \$_____ Per pay period. The Total contribution between the Roth and Traditional pre-tax 401(k) may not exceed \$16,500 for 2009.
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 \$16,500 for 2009.
Do you make over \$105,000 per year? _____ Are you an owner or relative of an owner? _____

Participant's Signature: _____
*Signature of Participant whole

(Select OPTION 1,2, or 3 - you can only select one of these)

OPTION 1

Pre-Allocated Portfolios: asset based charge of .25% per annum (Total of 1.25% 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

Pre-Allocated Portfolios: 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	%
*PRNEX T. Rowe Price New Era	_____	BRSIX Bridgeway Ultra-Small Company	_____
*PASTX T. Rowe Price Science & Technology	_____	FMCDX Fidelity Advisor Mid Cap A	_____
*VGHCX Vanguard Health Care	_____	JMCVX Janus Mid Cap Value	_____
*VGSIX Vanguard REIT Index	_____	TGVOX TCW Value Opportunities I	_____
		VIMSX Vanguard Mid Cap Index	_____
		VISGX Vanguard Small Cap Growth Index	_____
Foreign/Global Company Stock Funds		Large Co. Domestic Stock Funds	
RWIEX American Funds Capital World G & I	_____	ALPAX American Century Large Co. Value	_____
RNPEX American Funds New Perspective R4	_____	RGAEX American Funds Growth Fund of	_____
FDVAX Fidelity Adv Diversified International	_____	JAGIX Janus Growth & Income	_____
TAVFX Third Avenue Value	_____	NBPBX Neuberger Berman Partners Adv	_____
Bonds/Money Market Funds		SVSPX SSgA S&P Index 500	_____
VIPSX Vanguard Inflation Protected	_____	TRVLX T. Rowe Price Value	_____
VBIIIX Vanguard Intermediate-Term Bond	_____	VTSMX Vanguard Total Stock Market Index	_____
VMMXX Vanguard Prime Money Market	_____		
VBISX Vanguard Short-Term Bond Index	_____		
VSGBX Vanguard Short-Term Fed.	_____		
VBMFX Vanguard Total Bond Market Index	_____		

Total Must Equal 100%

An asset fee of \$ 1.0% 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.

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 NASD, SIPC.

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 all to another fund.

Sell Fund _____	Buy Fund _____	Sell Fund _____	Buy Fund _____
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All accounts bear up to \$ 1.0% 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
		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 NASD
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