

Participant Information

Name: First Middle Last

Address

City State Zip Telephone (Including area code)

Date of Birth Social Security Number Date of Hire

Email

Are you an owner, a relative of an owner, or did you make over \$105,000 last year with your current worksite employer? Yes No

Employer Information

Worksite Employer

Address

City State Zip Telephone (Including area code)

For Office Use Only

Company#..... Rep#..... Plan#.....

Contributions Instructions

I elect to defer ___% 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 ___% or \$___ Per pay period. The Total contribution between the Roth and Traditional pre-tax 401(k) may not exceed \$16,500 for 2009.

Note

The total amount may not exceed 90% of your compensation or \$16,500 per year, whichever is less. This deduction will continue until your employer receives written notice of change. Key and Highly Compensated Employees are limited by a test to their deferral percentage. Participants over age 50 may defer an additional \$5,500 (Max \$22,000 under the catch-up EGTRRA 2001 provision.)

- I am only directing where my existing plan assets will be invested in the new plan.
- I have a balance to rollover from an IRA, a previous employer 401(k) or 403(b). (A Representative will call you, or you may call 800-356-3009 for assistance.)
- I do not wish to make deferral contributions at this time pay period.

Participant and Employer hereby mutually agree that Employer shall reduce and withhold the above salary reduction amount/percentage from the Participant's Compensation. The Employer shall contribute the amount so withheld to the voluntary 401(k) qualified plan (the Plan, terms and conditions are hereby incorporated by reference). This shall be in effect until Employer receives written notice of change. No distributions will be allowed before age 59 1/2 while still employed by Synergetic and the work site

The Annual Plan Administration Fee is \$39 (not prorated). The fee to process plan distributions is \$40 (hardships, rollovers, plan transfers or mergers). There is a \$150 one-time loan document fee and an annual loan maintenance fee of \$50. These fees will be deducted from your account.

Signature of Participant

Date

401(k) Plan Investment Options

You must select either section (A) Pre-Allocated Portfolio or (B) Self-Directed Portfolio. You may not select from both options.

A Pre-Allocated Portfolios

- Aggressive Portfolio:** This portfolio is designed for the person with a long-term investment horizon, a tolerance for risk, and the desire to achieve high rates of return. In addition to the plan asset fee, there is a .25 SMF rebalancing fee.
- Moderate Portfolio:** This portfolio is designed to generate average returns with average risk. Investors with a 10 to 20 year retirement horizon should consider this approach. In addition to the plan asset fee, there is a .25 SMF rebalancing fee.
- Conservative Portfolio:** This portfolio is designed to provide lower but more stable returns. It is utilized by individuals with a lower risk tolerance. The portfolio is designed to vary less than the market indexes. In addition to the plan asset fee, there is a .25 SMF rebalancing fee.

B Self-Directed Fund Options

	%		%
*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
		VMSX	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.

Beneficiary Information

Note: If you are married, name your spouse since your spouse is lawfully your primary beneficiary. If you wish to name someone other than your spouse, your spouse must consent with a notarized signature on this form. If you do not include your beneficiary's SS#, it is your responsibility to provide the number to [slavic401k.com](http://www.slavic401k.com). Please do so online under the beneficiary tab after you log into your account.

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