# *Southland Utility Services, Inc.*

Enrollment Form

## Participant Information

Name: First | Middle | Last

Address

City | State | Zip | ( ) Telephone (Including area code)

Date of Birth | Social Security Number | Date of Hire

Email Address

☐ *Check this box to receive statements, required notices, and other plan information via secure electronic delivery. You may unsubscribe at anytime and there is no extra fee for receiving paper statements via US mail.

*By checking the block, I hereby consent to receive, via electronic delivery from the Administrator, required 401(k) notices that may include: Eligibility notice, Qualified Default Investment Alternatives (QDIA) notice, Safe Harbor notice (if elected), Summary Plan Description (SPD), Auto enrollment notice (if elected), Trade Confirmations, Summary Annual Report (SAR) of the plan, Summary Prospectus for funds, Plan Amendments or modifications, Quarterly Statements.

*Are you an owner, a relative of an owner, or did you make over $120,000 last year with your current worksite employer?* ☐ *Yes* ☒ *No*

## Employer Information

Southland Utility Services, Inc. (850) 307-1176

Worksite Employer | Telephone (Including area code)

## Contribution Instructions

☐ 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 $18,000 for 2017.

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 $18,000 for 2017.

***Note***

*Fractional percentages will be rounded to the nearest whole percentage. The total amount may not exceed 98% of your compensation or $18,000 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 $6,000 (Max $24,000 under the catch-up EGTRRA 2001 provision.)*

Please select your investment allocation on the following page. If you do not make an investment election, your account will be invested at the direction of the Trustee into the plans default investment option; a managed account or target date fund.

☐ I do not wish to make deferral contributions at this time.

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 the worksite, and on the plan sponsor's payroll provider.

The Annual Plan Administration Fee is $35 (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

**You must select either section (A) Bespoke Portfolio Service, (B) Pre-Allocated Portfolio, or (C) Self-Directed. If a selection is made in multiple options, Self-Directed will take precedent. If no investment allocation is selected, you will be invested in the plan's Qualified Default Investment**

## ☐ A. Bespoke Portfolio Service

An individually tailored portfolio will be dynamically allocated according to your personal financial circumstances. Through the Bespoke Portfolio Service software, Slavic Mutual Funds Management Corporation (SMF), an ERISA 3(38) management Fiduciary as well as an SEC registered Investment Advisor will allocate your account with equity and fixed income positions according to your age, and then rebalance your account on or about your birthday each year. To further refine your allocations, SMF will include the personal financial data that you submit through the Bespoke portal on our website. Just prior to your birthday, we will send you an email with a link that will allow you to make changes that may have occurred to your profile throughout the year. You may also update your profile at any time by visiting the Bespoke page in your account A management fee of 0.10% to 0.25% is assessed on a sliding scale and charged for this service, which is in addition to the plan asset fee.

## ☐ B. Pre-Allocated Portfolio

☐ Aggressive Allocation
☐ Moderate Allocation
☐ Conservative Allocation

These options allocate your account with equity and fixed income positions according to your target risk profile. These allocations do not automatically adjust to changes in your risk profile. Please take the risk profile test on the website or in the enrollment booklet to determine your current risk profile. All Pre-Allocated Options are managed by Slavic Mutual Funds Management Corp. (SMF), an ERISA 3(38) Fiduciary Advisor. SMF is an affiliate of Slavic401k and charges a 0.25% management fee for this service which is in addition to the plan asset fee.

## ☐ C. Self-Directed Fund Options

| *Specialty Investment Funds | | % |
|---|---|---|
| *SCMIX | Columbia Seligman Communications & | ______ |
| *FMFEX | Fidelity Advisor Materials I | ______ |
| *FSPHX | Fidelity Select Health Care | ______ |
| *FUFRX | Franklin Utilities R6 | ______ |
| *VGSLX | Vanguard REIT Index Admiral | ______ |

| Foreign/Global Company Stock Funds | | % |
|---|---|---|
| RWIGX | American Funds Captial World GI R6 | ______ |
| RERGX | American Funds EuroPacific Growth R6 | ______ |
| BTMKX | BlackRock Int'l Index K | ______ |
| VEUSX | Vanguard European Stock Index Admiral | ______ |
| VTIAX | Vanguard Total Int'l Stock Index Admiral | ______ |

| Bonds/Money Market Funds | | % |
|---|---|---|
| RCWGX | American Funds Capital World Bond R6 | ______ |
| FSITX | Fidelity Spartan US Bond Index | ______ |
| PHYTX | Principal High Yield Inst | ______ |
| 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 | | % |
|---|---|---|
| JAMCX | JPMorgan Mid Cap Value A | ______ |
| PCBIX | Principal MidCap Blend Inst | ______ |
| RPMGX | T. Rowe Price Mid Cap Growth | ______ |
| VMGRX | Vanguard Mid Cap Growth Inv | ______ |
| VIMAX | Vanguard Mid Cap Index Admiral | ______ |
| VSGAX | Vanguard Small Cap Growth Index Admiral | ______ |
| VSMAX | Vanguard Small Cap Index Admiral | ______ |

| Large Co. Domestic Stock Funds | | % |
|---|---|---|
| RWMGX | American Funds Washington Mutual R6 | ______ |
| BKTSX | BlackRock Total Stock Market Index K | ______ |
| VFIAX | Vanguard 500 Index Admiral | ______ |
| VTSAX | Vanguard Tot Stock Market Index Admiral | ______ |
| VWUAX | Vanguard US Growth Admiral | ______ |

| Target Date/Asset Allocation | | % |
|---|---|---|
| VTENX | Vanguard Target Retirement 2010 | ______ |
| 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 | ______ |
| VTINX | Vanguard Target Retirement Income | ______ |

**Total Must Equal 100%**

*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.

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.

## BY SIGNING THIS AUTHORIZATION YOU:

1.Authorize the use of an SIA clearing account as a conduit of funds to and from the fund families. No interest is paid.
2.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
3.Acknowlege that you that your investment portfolio is subject to stock market risk and bond market risk and that your portfolio will experience periods of loss over various lengths of time. Investing involves risk and there are no guarantees.
4.Agree to all of the fees disclosed on this form.

______________________________ ______________________________
Signature of Participant Date

## 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. 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 |
| 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 the use of an SIA clearing account as a conduit of funds to and from the fund families. No interest is paid.
2.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
3.Acknowlege that you that your investment portfolio is subject to stock market risk and bond market risk and that your portfolio will experience periods of loss over various lengths of time. Investing involves risk and there are no guarantees.
4.Agree to all of the fees disclosed on this form.

Signature of Participant    Date