TEAM AHR, LLC Enrollment Form



For faster processing, you may enroll quickly and easily online at slavic401k.com.



Name: First	Middle	Last	
Address			
City	State	Zip	Telephone (Including area code)
		•	• • • • • • • • • • • • • • • • • • • •
Date of Birth	Social Security Number	Date of Hire	
Email Address			
to be emailed to the address the Eligibility Notice; Qualified L (SPD), which contains plan be Summary Annual Report (SA)	receive electronically the weekly 401(k) Email Expresant I have provided: Default Investment Alternatives (QDIA) Notice; Safe enefits and disclosure of fees that affect your account, R) of the Plan; Summary Prospectus for the mutual fit. DV; Form 1099-R; Routine changes to account infor	Harbor Notice (if elected by th Auto Enrollment Notice (if el ands available in your Plan; An	e Plan Sponsor); Summary Plan Description ected by the Plan Sponsor); Trade Confirmations; mendments or modifications made to the Plan;
Are you an owner, a relative of Employer Information	f an owner, or did you make over \$135,000 n	last year with your curr	ent worksite employer? ☐ Yes ☐No
			()
Contribution Instruction I elect to defer Traditional 401(k) AND/OR		ween the Roth and Traditional	pre-tax 401(k) may not exceed \$22,500 for 2023.
I elect to defer ROTH 401(k) Note	or \$ Per pay period. The Total contribution bet	ween the Roth and Traditional	pre-tax 401(k) may not exceed \$22,500 for 2023.
\$22,500 per year, whicheve Compensated Employees a	be rounded to the nearest whole percentage. The is less. This deduction will continue until you are limited by a test to their deferral percentage. DEGTRRA 2001 provision.)	ır employer receives writter	n notice of change. Key and Highly
	ent allocation on the following page. If you do not the plans default investment option; a manage		
I do not wish to make defer	ral contributions at this time.		
Participant's Compensation. The conditions are hereby incorporate	mutually agree that Employer shall reduce and Employer shall contribute the amount so withher downwards on the plan still employed by the worksite, and on the plan still employed by the worksite.	eld to the voluntary 401(k) oployer receives written not	qualified plan (the Plan, terms and
Signature of Participant		Date	

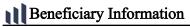


Signature of Participant

401(K) Plan Investment
You must select either section (A) Bespoke Automated Investment Allocation 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 Alternative (QDIA).

B. Pre-Allocat		1: -	account.		
	tea Portio				
Moderate Conserva	ve Allocation Allocation Allocation Allocation at the Allocation (Control of the Allocation (Control o	allocations do not automatically adjust enrollment booklet to determine your c Management Corp. (SMF), an ERISA management fee for this service which	to changes in your rist current risk profile. A 3(38) Fiduciary Advis	necome positions according to your target risk profile, sk profile. Please take the risk profile test on the web. Il Pre-Allocated Options are managed by Slavic Musor. SMF is an affiliate of Slavic401k and charges a plan asset fee.	bsite or in itual Funds
C. Self-Direct	ed Fund C	Options			
		9/	/a		%
*	Specialty	Investment Funds	Small/Med	d. Co. Domestic Stock Funds	70
	SHSKX	BlackRock Health Sciences Opps K	VEXRX	Vanguard Explorer Adm	
	DFREX	DFA Real Estate Securities I	VIMAX	Vanguard Mid Cap Index Admiral	
	FMFEX	Fidelity Advisor® Materials I	VMGMX	Vanguard Mid-Cap Growth Index Admiral	
	FSPTX	E: 4-1:4@ C-14 T11	VMVAX	Vanguard Mid-Cap Value Index Admiral	
	FUFRX	Franklin Utilities R6	— VSMAX	Vanguard Small Cap Index Adm	-
	OGMIX	Invesco Gold & Special Minerals R6	VSIAX	Vanguard Small Cap Value Index Admiral	
	OGMIZE		Large Co.	Domestic Stock Funds	
			FXAIX	Fidelity® 500 Index	
F	oreign/Gl	lobal Company Stock Funds	VIGAX	Vanguard Growth Index Admiral	
F	RERGX	American Funds Europacific Growth R6	VTSAX	Vanguard Total Stock Mkt Idx Adm	
F	RNPGX	American Funds New Perspective R6	VVIAX	Vanguard Value Index Adm	
	DFCEX	DFA Emerging Markets Core Equity I			
E	BTMKX	iShares MSCI EAFE Intl Idx K		te/Asset Allocation Funds	
ī	Rond/Mon	ey Market/Stable Value Funds	VTWNX	Vanguard Target Retirement 2020 Inv	
		•	VTTVX	Vanguard Target Retirement 2025 Inv	
	RBFGX DIPSX	American Funds Bond Fund of Amer R6 DFA Inflation-Protected Securities I	VTHRX	Vanguard Target Retirement 2030 Inv	
	XNAX	E.11. © NCD 11.1	VTTHX	Vanguard Target Retirement 2035 Inv Vanguard Target Retirement 2040 Inv	
	PHYZX		VFORX VTIVX	Vanguard Target Retirement 2040 Inv	
	VMFXX		VFIFX	Vanguard Target Retirement 2043 Inv	
	/BILX		VFFVX	Vanguard Target Retirement 2055 Inv	
	/BIRX	Vanguard Short-Term Bond Index Adm	VTTSX	Vanguard Target Retirement 2060 Inv	
1	/SGDX	Vanguard Short-Term Federal Adm	VLXVX	Vanguard Target Retirement 2065 Inv	
1	/TAPX	Vanguard Shrt-Term Infl-Prot Sec Idx Adm	VSVNX	Vanguard Target Retirement 2070 Inv	
			VTINX	Vanguard Target Retirement Income Inv	
				Total Must Equal	100%
		h risk and only suitable as a small portion of your overa ive investors close to retirement should not invest in the			inds or 30%
All funds and port slavic401k.com.	folios bear s	ome risk and your account could suffer a loss. There is	no guarantee of future	e performance. Prospectuses are also available onlin	e at
Siavic to the com.					

Date



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.

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 of Birth Percentage Relationship Relationship Relationship Notary Public
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 an errors. You must have a faxed, dated change form or email record 3. Acknowledge 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.