

**Orthodontic Experts, LTD. 401(k) Plan
Deferral Election Form**

Please Print. Complete all applicable areas

Part I. Employee Information:

Name: _____

Address: _____

Date of Birth: ____/____/____

City: _____

State: ____ ZIP Code: _____

US Citizen or

Resident Alien: ☐ Yes ☐ No

Part II. Deferral Election: ☐ New ☐ Change

☐ I hereby authorize my Employer to reduce my salary ☐ annually or ☐ each pay period for:

☐ Pre-Tax Deferrals: I elect to reduce my salary by ____% or \$____, and contribute this amount as a pre-tax Elective Deferral.

☐ Roth Deferrals: I elect to reduce my salary by ____% or \$____, and contribute this amount as a designated Roth Deferral.

☐ I do not wish to have any part of my pay contributed to the Plan.

Part III. Catch-Up Contributions Election: ☐ New ☐ Change

☐ I authorize my Employer to reduce my salary ☐ annually or ☐ each pay period.

☐ Age 50 Catch-Up Contributions: I elect to reduce my salary ____% or \$____, and contribute this amount as a

☐ pre-tax Elective Deferral ☐ Roth Deferral

Part IV. Election to Stop Deferral:

☐ I hereby authorize my Employer to stop my payroll deductions under the Plan. I understand that I may not reactivate my payroll deductions until the first day of the next election period.

☐ Pre-Tax Elective Deferrals

☐ Roth Deferrals

☐ Age 50 Catch-Up Contributions

Part V. Authorization: By signing this election form, I confirm the elections that I have made AND that it will remain in effect until a new election form is submitted to the Plan Administrator. I acknowledge that I understand the terms of the Plan, as stated in the Summary Plan Description and other notices that I have received. I further understand that it is my responsibility to comply with the deferral limitations outlined in the Plan and in the Internal Revenue Code.

Participant's Signature

____/____/____
Date

Part VI. Plan Administrator Acknowledgement:

Plan Administrator Signature

____/____/____
Date

I hereby acknowledge receipt of this ☐ New ☐ Changed election form and verify the accuracy of the Employee's Information.

Date Received: ____/____/____

Original

Date of Hire: ____/____/____

Payroll Effective Date: ____/____/____

Rehire Date: ____/____/____