

401(K) SALARY DEFERRAL ELECTION

Name: _____

The salary deferral option of the **Inman Park Dentistry Profit Sharing 401(k) Plan** has been explained to me, and pursuant to that explanation I hereby make the following salary deferral election:

For each payroll period, I elect to contribute to the plan either the dollar or percentage of my compensation indicated below, and I hereby authorize **Alex Rodriguez, D.M.D., P.C.** to deduct that amount from my compensation each pay period.

I elect to defer \$_____ or _____% into my Traditional (pre-tax) 401(k) account in the plan.

I elect to defer \$_____ or _____% into my Roth (after-tax) 401(k) account in the plan.

I elect NOT TO DEFER in the 401(k) account at this time.

The maximum dollar amount you can defer for the 2020 calendar year is \$19,500 (\$26,000 if age 50 or older). You can defer up to 100% of your compensation, not to exceed the dollar amount listed above for the applicable calendar year.

I understand (1) that I can change my election on the date or dates specified by the Administrator; (2) that I can suspend or cancel my election after I give written notice to the Administrator and it will become effective on the next available date specified by the Administrator; (3) that if I do cancel or suspend my election, I will not be permitted to make a new election until the next available date specified by the Administrator; and (4) that it may be necessary for the plan to reduce the percentage or dollar amount I have indicated above if the reduction is necessary for the plan to comply with certain non-discrimination and/or maximum deduction tests required by the Internal Revenue Code.

Employee Signature: _____ Date: _____

Please notify your payroll company of ALL changes made above.

Thomas Doll's Retirement Plan division uses these forms for informational purposes only.

It is your responsibility to ensure any and all changes are communicated timely to payroll.