

DEFERRAL ELECTION FORM
O'FALLON TOWNSHIP HIGH SCHOOL DISTRICT #203 403(B) RETIREMENT PLAN

IMPORTANT: *This Deferral Election Form must be signed and returned to your Plan Administrator. Please see the Plan Description for further information on the eligibility requirements for making elective deferrals.*

PARTICIPANT INFORMATION

Last Name	First Name	MI	
Address - Number and Street	City	State	Zip
Date of Hire: ____/____/____			
()			
Phone			

PARTICIPANT ELECTIONS

The Election is effective for the first pay period beginning on or after ____/____/____.

Elective Deferral Amount. You may elect to make pre-tax elective deferral contributions.

- I do not wish to have deferrals withheld from my wages and contributed to the Plan.
- I wish to have deferrals withheld from my wages and contributed to the Plan.
- Pre-Tax Elective Deferral Contributions. I authorize O'Fallon Township High School District #203 to deduct _____% or \$_____ from my wages each pay period (twice monthly) and to contribute the assets as pre-tax elective deferral contributions to O'Fallon Township High School District #203 403(b) Retirement Plan.

PLEASE NOTE: The amount entered for pre-tax elective deferral contributions may not be more than 100 of your compensation or the IRS deferral limit. The IRS maximum for pre-tax elective deferral contributions is \$19,500 (for 2020). However, if you are age 50 or over, you may defer an additional amount up to \$6,500 (for 2020) in Catch-up Contributions. Also, if you have worked a minimum of 15 years for the Company, you can defer additional compensation into the Plan under the Special 403(b) Catch-Up Rule. This special catch-up contribution is equal to the smallest of the three amounts listed below:

1. \$3,000
2. \$15,000 minus the amount of Special 403(b) Catch-Up Contributions made in prior years, or
3. \$5,000 times the number of years you have worked for the Company minus the total amount of Elective Deferrals made while you worked for the Company.

INVESTMENT PROVIDER

Indicate your investment provider below.

- American Funds Plan ID# 000062234
- Aspire Plan ID# 38511
- AXA Equitable Plan ID# 074069 001
- Horace Mann
- T. Rowe Price Plan ID# 104103
- Valic Group Plan ID# 06287

STATEMENT OF UNDERSTANDING

Please read and check off all boxes below:

- I have completed, understood, and agree to the terms in this Deferral Election Form and have read the Plan Description in full.
- I understand that I may elect to start, increase or reduce my elections as of dates and times as established by the Plan Administrator. However, I may totally suspend my elections at any time by so advising the Plan Administrator. If I totally suspend my elections I may resume contributions only as of the dates specified above. Additionally, I may start, increase or reduce my election during the 30 day period following receipt of the Safe Harbor Notice.
- I understand that I must give the Plan Administrator sufficient time to process any change or revocation of an election. I understand this Deferral Election Form will be processed in a timely manner, typically within a 15 day period.
- I understand that the election indicated on this Deferral Election Form will continue into succeeding Plan Years unless I revoke or change the election in accordance with the rules listed above and in the Plan Description.
- I understand that this agreement supersedes and nullifies any prior Deferral Election Form under this Plan.

Dated this _____ day of _____, 20__.

Signature of Participant

Print Name of Participant

PLAN ADMINISTRATOR INFORMATION

The Plan Administrator is O'Fallon Township High School District #203.
Address: 600 S. Smiley St., O'Fallon, Illinois 62269
Phone number: 618-632-3507
Fax number: 618-632-9730
Email: hydee@oths.us