

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: ____ / ____ / ____		
()	()	
Work Phone	Home 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 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 elective deferral contributions may not exceed 100% of your compensation or applicable IRS limits. The IRS annual elective deferral limit and catch-up contribution limits for 2026 will be announced by the IRS. Employees aged 50 or over may be eligible to make additional catch-up contributions, subject to IRS limits.

Additionally, employees with at least 15 years of service with O'Fallon Township High School District #203 may be eligible for the Special 403(b) Catch-Up Contribution, limited to the smallest of the following:

1. \$3,000
2. \$15,000 minus prior Special 403(b) Catch-Up Contributions
3. $\$5,000 \times \text{years of service}$ minus total prior elective deferrals (excluding age-50 catch-ups)

IMPORTANT: Beginning in 2026, if wages exceed \$145,000 (indexed annually), certain catch-up contributions must be made as Roth (after-tax) contributions, in accordance with IRS guidance

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 that 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 _____, 2025.

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: suzanne.roberts@oths.us