

**Paycheck Contribution Election
401(k) Plan**

So. Cal. Dental Partners, Inc. Retirement Plan

375665-01

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at www.empower-retirement.com/participant or contact Service Provider at 1-800-338-4015.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension _____

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Social Security Number (Must provide all 9 digits)

Last Name _____

First Name _____

M.I. _____

() _____
Daytime Phone Number

() _____
Alternate Phone Number

I have a retirement savings account with a previous employer or an IRA. Yes or No

I would like help consolidating my other retirement accounts into my account with Empower Retirement.* Yes, I would like a representative to call me at phone # _____ - _____ - _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 8:00 A.M. to 6:00 P.M. MST). *Rollovers are subject to my Plan's provisions.

B Payroll Election(s)

Paycheck Contribution Election (Payroll Deductions)

Select One: Start Restart Change Stop Decline

I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below (per pay period):

Before-Tax Contributions \$ _____ or _____ % (\$1.00 - \$18,000.00 or 1% - 100%)

Roth Contributions \$ _____ or _____ % (\$1.00 - \$18,000.00 or 1% - 100%)

Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____ Date of Hire (mm/dd/yyyy) _____ / _____ / _____

The total annual before-tax and Roth contributions cannot exceed \$18,000.00 of my eligible compensation in the 2016 tax year.

Age 50 Catch-Up Election

I elect to contribute to the Plan additional Age 50 Catch-Up amount(s) or percentage(s) of my eligible compensation as indicated below (per pay period):

Before-Tax Contributions \$ _____ or _____ %

Roth Contributions \$ _____ or _____ %

Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____

The total before-tax and Roth Age 50 Catch-Up amount cannot exceed \$6,000.00 of my eligible compensation in the 2016 tax year. I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions.

I elect to cancel my Catch-Up contribution election.

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

C	Signatures and Consent <i>(Signatures must be on the lines provided.)</i>		
	Participant Consent <i>(Please sign on the 'Participant Signature' line below.)</i>		
	My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that: <ul style="list-style-type: none"> • Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections. • If I am increasing or decreasing my payroll deductions, all existing future deferrals will be cancelled. • If I am stopping payroll deductions, all existing deferrals will be cancelled. • I may change the dollar amount or percentage of compensation contributed as allowed under the terms of the Plan. • It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions. • My Plan Administrator may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code. • I authorize the payroll deduction as indicated on this form. <p>Any person who presents false or fraudulent information is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>		
	Authorized Plan Administrator Signature <i>(Please sign on the 'Authorized Plan Administrator Signature' line below.)</i>		
I authorize the election indicated by the participant above. <p>Authorized Plan Administrator Signature _____ Date (Required) _____</p> <p>Print Full Name _____</p>			
D	Mailing Instructions		
	<p>After all signatures have been obtained, this form can be sent by</p> <table> <tr> <td>Fax to: 1-866-633-5212</td> <td>Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764</td> <td>Express Mail to: Empower Retirement 8515 E. Orchard Road Greenwood Village, CO 80111</td> </tr> </table>	Fax to: 1-866-633-5212	Regular Mail to: Empower Retirement PO Box 173764 Denver, CO 80217-3764
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Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.