



PARTICIPATION AGREEMENT

Please complete 1 original per plan for each participant and mail to:
California Dentists' Guild
870 Market Street, Suite 845
San Francisco, CA 94102

- Profit Sharing Plan
- Money Purchase Pension Plan
- Age-Weighted Profit Sharing Plan
- New Comparability Profit Sharing Plan
- SIMPLE 401(k) Profit Sharing Plan
- IRA
- Self Trustee / Outside Plan

Employer Only: Please check a box for Preferred Mailing Address.

Participant Name and Address <input type="checkbox"/>
Social Security #:
Date of Birth:
Tel: ()

Employer Name and Address <input type="checkbox"/>
Tel: ()

Participant has been employed since (year) _____ and is:

- Owner-Employee (Owns 10% or more of capital interest or profits)
- Partner-Employee (Owns less than 10% of capital interest or profits)
- Regular Employee of a sole proprietorship or partnership
- Regular Employee of a professional dental corporation

I understand that I am now eligible to participate in the Plan indicated above and the related Trust and Pooled Trust as adopted by my Employer; and, further, agree to be bound by all the terms and conditions of my participation.

Control: I understand that although it is the duty of my Employer to properly administer the Plan on my behalf, e.g., making the required contributions and keeping me apprised of Plan options and investment progress, the Plan nevertheless provides a substantial degree of Participant, as opposed to Employer, control. I have the exclusive right to control the investment direction of funds placed in my account, whether contributed by me or my Employer on my behalf, subject only to the limitations of options provided by the Plan.

Eligibility to Receive Employer Contributions: I understand my participation is based on performing at least _____ hours of service each Plan Year.

Investment/Savings Options: I understand the California Dentists' Guild offers investment options, each of which is fully described in the *Investment Disclosure Information* brochure provided. The funds in this brochure have been identified in the order of potential risk/reward exposure starting with growth equities and ending with principal preservation fixed income options. I understand I may direct contributions made on my behalf into any and all of the investment options offered; and that from time to time, as permitted by the Plan and its Trustee. I may transfer, at no expense, partial or full balances between such options. I will be notified whenever there is a change to any of the investment options.

Unless directed by letter or by entry on a Contribution Form, I understand the Trustee will place any contribution in the Certificate of Deposit Fund or the IRA Treasury Plus CD Fund.

I understand the following forms are available to me from my Employer:

1. Investment Disclosure Information brochure which describes the objectives, operations and potential risk/rewards of each of the investment/savings options.
2. Monthly bulletins or newsletters published by the Guild and mailed to my Employer.
3. Quarterly statements of my account(s) detailing earnings and balances.

I agree to promptly inform my Employer, the Plan Trustee and Guild office of any changes to my mailing address.

Signature

Date