



Medical City Dallas

Medical City Dallas Management, Ltd. 401(k) Profit Sharing Plan ENROLLMENT FORM

DO NOT COMPLETE THIS FORM IF YOU HAVE ALREADY ENROLLED IN THIS PLAN.

Name _____ Social Security No. _____ Date of Birth _____ Date of Hire _____

Address (street, city, state and zip) _____

Email _____ Phone No. _____

I understand I may make changes to the following elections in accordance with the provisions of the plan.

I. CONTRIBUTIONS (Salary reductions) Maximum for 2025 is \$23,500 (\$31,500 if age 50 or over)

I hereby authorize the Company to make a \$ _____ or _____ % reduction in my compensation per pay period (excluding bonuses) and contribute such amount to the plan. Max limits apply to all plans participated in for the year. **Failure to complete this form will result in an automatic 7% salary reduction.**

This agreement applies to amounts earned until changed by me in writing. I understand my plan sponsor may need to reduce my contribution amount only when required to meet certain plan limits.

II. INVESTMENT ALLOCATION – SELECT A OR B, NOT BOTH.

A. Do It For Me

100% FPRD

ProAccount – Active Professional Management for all contributions and accounts. I authorize the Manager to invest my funds as a moderate risk investor based on my current age unless I complete a questionnaire indicating a customized profile. I understand my account will remain invested in the Fidelity Puritan Fund until the manager is prepared to manage my account.

B. I'll Do It Myself

I will be responsible for fund selection, rebalancing and determining the general suitability and allocation among the following fund choices:

VRU CODE	FUND	VRU CODE	FUND
<u>RERD</u> _____ %	American Funds EuroPacific Growth R6	<u>MMVD</u> _____ %	MFS Value A
<u>BARd</u> _____ %	Baron Asset Retail	<u>MWTD</u> _____ %	Metropolitan West Total Return Bond I
<u>DFXD</u> _____ %	DFA US Targeted Value Inst	<u>PFA1</u> _____ %	Nationwide Fixed Select
<u>EVMD</u> _____ %	Fidelity 500 Index	<u>CSSD</u> _____ %	Vanguard Mid Cap Index Admiral
<u>FPRD</u> _____ %	Fidelity Puritan	<u>CSXD</u> _____ %	Vanguard Small Cap Index Admiral
<u>DDUD</u> _____ %	Janus Henderson Triton N	<u>CSYD</u> _____ %	Vanguard Total Bond Market Index Adm
<u>EAQD</u> _____ %	JPMorgan Mid Cap Value R6	<u>CSZD</u> _____ %	Vanguard Total Int'l Stock Index Admiral
<u>MFED</u> _____ %	MFS Growth A		Must Total 100%

III. BENEFICIARY DESIGNATION – IF YOU ARE MARRIED, FEDERAL LAW REQUIRES THAT YOUR SPOUSE BE **100%** YOUR PRIMARY BENEFICIARY. IF YOU CHOOSE OTHERWISE, YOUR SPOUSE MUST COMPLETE AND SIGN A SPOUSAL CONSENT FORM.

PRIMARY Beneficiary _____ % Relationship _____
Address _____ SS# _____

PRIMARY Beneficiary _____ % Relationship _____
Address _____ **TOTAL 100%** SS# _____

CONTINGENT Beneficiary _____ % Relationship _____
Address _____ SS# _____

CONTINGENT Beneficiary _____ % Relationship _____
Address _____ **TOTAL 100%** SS# _____

I understand and have read the Plan Highlights dated 11/24 and Investment Performance Summary for Medical City Dallas Management, Ltd. 401(k) Profit Sharing Plan which includes annual management fees. This plan is intended to comply with Section 404(c) of the Employment Retirement Income Security Act of 1974 (ERISA), in which participants are responsible for investment results on self-directed assets. This means that the plan's fiduciaries are not liable for any loss that results from your exercise of control over the investments in your account. In other words, you bear not only the potential rewards of fluctuation in the value of the investment options you select, but also the risk.

For questions regarding this plan, contact Participant Support at CecilCo 800-795-401K or in Dallas 972-239-4059 or by email at participantservice@cecilco.com.

EMPLOYEE SIGNATURE _____ Date _____