



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 \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No. \_\_\_\_\_

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 2022 is \$20,500 (\$27,000 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**

**RERD** \_\_\_\_\_%

**American Funds EuroPacific Growth R6**

**BARD** \_\_\_\_\_%

**Baron Asset Retail**

**DFXD** \_\_\_\_\_%

**DFA US Targeted Value Inst**

**EVMD** \_\_\_\_\_%

**Fidelity 500 Index**

**FPRD** \_\_\_\_\_%

**Fidelity Puritan**

**DDUD** \_\_\_\_\_%

**Janus Henderson Triton N**

**EAQD** \_\_\_\_\_%

**JPMorgan Mid Cap Value R6**

**MFED** \_\_\_\_\_%

**MFS Growth A**

**VRU CODE**

**FUND**

**MMVD** \_\_\_\_\_%

**MFS Value A**

**MWTD** \_\_\_\_\_%

**Metropolitan West Total Return Bond I**

**PFA1** \_\_\_\_\_%

**Nationwide Fixed Select**

**CSSD** \_\_\_\_\_%

**Vanguard Mid Cap Index Admiral**

**CSXD** \_\_\_\_\_%

**Vanguard Small Cap Index Admiral**

**CSYD** \_\_\_\_\_%

**Vanguard Total Bond Market Index Adm**

**CSZD** \_\_\_\_\_%

**Vanguard Total Int'l Stock Index Admiral**

**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 12/21 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](mailto:participantservice@cecilco.com).

EMPLOYEE SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_