



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, City, State, 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 2019 – \$19,000 (\$25,000 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%
275

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>1296</u> _____ %	Baron Asset Retail	<u>1968</u> _____ %	Metro West Total Return Bond I
<u>2501</u> _____ %	DFA Short Term Government Bd	<u>688</u> _____ %	Nationwide Gov't Money Market R6
<u>2376</u> _____ %	DFA US Targeted Value	<u>853</u> _____ %	Oppenheimer International Growth A
<u>275</u> _____ %	Fidelity Puritan	<u>4869</u> _____ %	Vanguard 500 Index Fund Adm
<u>5130</u> _____ %	Janus Henderson Triton N	<u>4875</u> _____ %	Vanguard Mid Cap Index Adm
<u>5602</u> _____ %	JPMorgan Mid Cap Value R6	<u>4879</u> _____ %	Vanguard Small Cap Index Adm
<u>2470</u> _____ %	MFS Growth A	<u>4880</u> _____ %	Vanguard Total Bond Mkt Index Adm
<u>439</u> _____ %	MFS Value A	<u>4881</u> _____ %	Vanguard Total Int'l Stock Index Adm
			Must Total 100%

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

Primary Beneficiary _____ % Relationship _____

Address _____ SS# _____

Primary Beneficiary _____ % Relationship _____

Address _____ SS# _____

Contingent Beneficiary _____ % Relationship _____

Address _____ SS# _____

Contingent Beneficiary _____ % Relationship _____

Address _____ SS# _____

I understand and have read the Plan Highlights dated 11/18 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 _____ Date _____