



Participant Enrollment
401(k) Plan

Dixie Primary Care 401(k) Plan

515621-01

Participant Information

Last Name First Name MI
(The name provided MUST match the name on file with Service Provider.)

Mailing Address

City State Zip Code

Home Phone Work Phone

Check box if you prefer to receive quarterly account statements in Spanish.

Social Security Number

E-Mail Address

Date of Birth Female Male Married Unmarried

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your account with Empower? 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 6 a.m. to 8 p.m. Mountain time). \*Rollovers are subject to your Plan's provisions.

Payroll Information

- I elect to contribute % (1% - 100%) per pay period of my compensation as Before Tax contributions to the 401(k) Plan until such time as I revoke or amend my election.
I elect to contribute % (1% - 100%) per pay period of my compensation as Roth contributions to the 401(k) Plan until such time as I revoke or amend my election.

Note: The total of your before-tax and Roth deferrals cannot exceed \$22,500.00. If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

I decline to make contributions to the Plan at this time.

Payroll Effective Date: Mo Day Year

Date of Hire: Mo Day Year

Age 50 Catch-Up Election

The total before-tax and Roth Age 50 Catch-Up amount cannot exceed \$7,500.00 of my eligible compensation in the 2023 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.

Investment Option Information (applies to all contributions) - Please refer to your enrollment packet for investment descriptions.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

See below for Participation Agreement and Required Signature

Table with 6 columns: NAME, TICKER CODE, %, NAME, TICKER CODE, %. Lists various investment options like Fidelity Freedom Index, DFA Real Estate Securities, etc.

Last Name	First Name	M.I.	Social Security Number			
<b>NAME</b>	<b>TICKER CODE</b>	<b>%</b>	<b>NAME</b>	<b>TICKER CODE</b>	<b>%</b>	
Fidelity Freedom Index 2055 Instl Prem.....	<b>FFLDX</b>	<b>FFLDX</b>	BlackRock Equity Index Fund R.....	N/A	<b>WTEQR</b>	_____
Fidelity Freedom Index 2060 Instl Prem.....	<b>FFLEX</b>	<b>FFLEX</b>	Large Cap Value Fund Class R1.....	N/A	<b>ASTLV1</b>	_____
Fidelity Freedom Index 2065 Instl Prem.....	<b>FFIKX</b>	<b>FFIKX</b>	American Funds Inflation Linked Bd R6.....	<b>RILFX</b>	<b>RILFX</b>	_____
American Funds New World R6.....	<b>RNWXG</b>	<b>RNWXG</b>	BlackRock U.S. Debt Index Fd R.....	N/A	<b>WTIGBR</b>	_____
Janus Henderson Global Equity Income N.....	<b>HFQRX</b>	<b>HFQRX</b>	Core Plus Bond Fund Fee Class R1.....	N/A	<b>CPBFR1</b>	_____
International Growth Fund Cl R.....	N/A	<b>IGFCLR</b>	PGIM Global Total Return R6.....	<b>PGTQX</b>	<b>PGTQX</b>	_____
Invesco International Small-Mid Compy R6.....	<b>OSCIX</b>	<b>OSCIX</b>	PGIM High-Yield R6.....	<b>PHYQX</b>	<b>PHYQX</b>	_____
BlackRock Health Sciences Opps K.....	<b>SHSKX</b>	<b>SHSKX</b>	EI Fixed Account - Series Class I.....	N/A	<b>GWAQ35</b>	_____
			<b>MUST INDICATE WHOLE PERCENTAGES</b>			<b>=100%</b>

### Participation Agreement

**Withdrawal Restrictions** - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Options** - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

**Compliance With Plan Document and/or the Code** - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Incomplete Forms** - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once my account has been established, I understand that I must call 1-800-338-4015 or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment options I have most recently selected.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will be only processed from the date of notification forward and not on a retroactive basis.

**Required Signature(s)** - I have completed, understand and agree to all pages of this Participant Enrollment form.

### Participant Signature

### Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

Participant forward to Service Provider at:

Empower  
PO Box 173764  
Denver, CO 80217-3764

### Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone#: 1-800-338-4015

We will not accept hand delivered forms at Express Mail addresses.

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