



THE LEGACY FUND

Member Savings Account Plan Document

Acknowledgment and Signature for **Converted Corporate Accounts**

I, the undersigned Member of Medical Mutual Holdings, Inc., do hereby acknowledge that I have received, read and understand the Amended and Restated Member Savings Account Plan Document dated January 1, 2024, including any amendments thereto. Such Amended and Restated Member Savings Account Plan Document provides the details, terms and conditions of my participation in the Member Savings Account program offered by Medical Mutual Holdings, Inc. I hereby agree to abide by and honor the details, terms and conditions of the Member Savings Account program as described in the Amended and Restated Member Savings Account Plan Document.

I hereby direct Medical Mutual Holdings, Inc. to do the following with any active Member Savings Accounts of individual Members associated with this practice (select one option):

Do not transfer to the practice's Corporate Account.

Transfer to the practice's Corporate Account. I hereby represent that the individual Members associated with this practice have consented to this transfer.

Full Legal Name of the Practice

Policy No.

Policyholder Address

Contact Name

Telephone No.

E-mail Address

Must be signed and dated by two representatives authorized to act on behalf of the Members, except for solo practitioners where only the signature of the solo practitioner is required. You may return the completed form via email at TLF@curi.com or mail a physical copy to: Curi, attn: TLF, 700 Spring Forest Road, Suite 400, Raleigh, NC 27609.

By: _____
Signature Date

By: _____
Signature Date

Print Name/Title of Authorized Representative

Print Name/Title of Authorized Representative