165 Tak Total OF Contribution, GoalMaker and/or Allocation Change Form North Carolina Total Retirement Plans 401k NC 401(k) PLAN

	Instructions	Please print using blue or black ink. Please keep a copy for your records and send address or fax it to 1-866-439-8602. NC Plans Processing Center						Questions?		
		PO B	ox 534					Call 1-866-627-5267 for assistance.		
	About	Plan n	numbei	-	Who is your	employer?	What Depa	rtment do you work in?		
	You	<u>0 0 2 0 0 3 </u>			(Please print entire employer name) (Pleas			se print entire department name)		
		Email address:								
		Social Security number Daytime telephone					number			
		area code								
		First name MI Last name								
	Contribution Information	I wish to contribute the following from my salary per pay period:								
			Before-Tax Contribution Election.							
				\$, OR	.00 (please provide whole d	ollars only)			
				∟」% (please	e fill in % from 1-	80%, in whole percenta	ages)			
			Roth	After-Tax 401(k) Co	ontribution Elect	tion.				
				\$, OR	.00 (please provide whole d	ollars only)			
				∟ % (please	e fill in % from 1-	80%, in whole percenta	ages)			
		My annual salary is \$ My pay frequency is Please note that if the contribution amoun provided is not in the correct format (dollar vs. percentage), Prudential will use your salary information to calculate you contribution in accordance with what your payroll requires.								

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Important information and signature is required on the following pages.

Prudential Retirement

Investment	Fill out Part I, II or Part III. Please complete only one section.								
Allocation (Please fill out Part I, II or Part III. Do not fill out more than one	By completing one of these sections Prudential to invest your contributio and time horizon. You also direct P chosen upon enrollment and on a qu Part I GoalMaker with Automatic	Maker model portfolio tha y rebalance your account t in GoalMaker can be can	hat is based on your risk tolerance that according to the model portfolio						
section.)	Choose Your Risk Tolerance	☐ Conservative	☐ Moderate	☐ Aggressive					
OR	GoalMaker also automatically adjusts your allocations over time based on your current age and the expected retirement age. To ensure that your allocations are updated correctly please confirm your expected retirement age below. If an Expected Retirement Age is not provided, age 65 will be used.								
	Part II GoalMaker without Automatic Age Adjustment By completing this section, I confirm that I do not want to take advantage of GoalMaker's Age-Adjustment Feature. Please invest my contributions according to the model portfolios selected below.								
Please refer to the Retirement Workbook for more information. GoalMaker without Automatic Age Adjustment:									
									Time Horizon
	(years to retirement) 26 Plus Years to retirement 21 to 25 Years to retirement 16 to 20 Years to retirement 11 to 15 Years to retirement 6 to 10 Years to retirement 0 to 5 Years to retirement								
	Time Horizon	Conservative	Moderate	Aggressive					
	(years in retirement) 0 to 5 Years in retirement 6 to 10 Years in retirement 11 Plus Years in retirement								

Important information and signature is required on the following page.

Social Security number_____

Investment	Part III Design	your ov	vn investment allocation		
Allocation	Please designate the percentage of your contribution to be invested in each of the available investment options. (Please use whole percentages. The total must equal 100%.)				
(Please fill	I wish to allocate my contributions to the Plan as follows:				
out Part I, II or Part III.	Percent Allocated	Codes	Investment Options		
Do not fill	∟ ⊥ \%	YΧ	North Carolina Stable Value Fund		
out more	∟ ⊥ %	YU	NC Fixed Income Fund		
than one	∟ ⊥ \%	YV	NC Fixed Income Index Fund		
section.)	∟%	YW	NC Inflation Responsive Fund		
OR	∟%	ΥY	NC Large Cap Core Fund		
	∟%	ΥM	NC Large Cap Index Fund		
	∟%	ΥZ	NC Small / Mid Cap Fund		
	∟%	ΥP	NC Small Mid Cap Index Fund		
	∟%	ΥT	NC International Index Fund		
	∟%	YS	NC International Fund		
	∟⊥₩	Y2	NC TIPS Fund		
	1 0 0 %	Total			
	•		ake a change to how the existing money is invested in your account, please log into account or contact us at 1-866-627-5267.		

Your I direct my employer to make payroll deductions as I have indicated. I understand that Prudential will rely on the information I have provided in processing my request. I further understand that I am responsible for its accuracy in the event any dispute arises with respect to the transaction.

x	Date		
Participant's signature			

Social Security number_____