

Ed. 2/2019 Percent & Dollar amount



Enrollment Form NC 401(k) PLAN

| Instructions | s Please print using blue or black ink. Please keep a copy for your records and send completed form to the followard address or fax it to 1-866-439-8602. Questions? | | | | | |
|--------------|---|---|--|--|--|--|
| | NC Plans Processing Center PO Box 5340 | | Call 1-866-627-5267 | | | |
| | Scranton, PA 18505 | | for assistance. | | | |
| About | Plan number | Who is your employer? | What Department do you work in? | | | |
| You | $\begin{array}{c c} 0 & 0 & 2 & 0 & 0 & 3 \end{array}$ | /Diagon print antine apple on p | (Diagon with atting deportment) | | | |
| | Have you recently changed emplo | (Please print entire employer na oyers? □ Yes □ No | ame) (Please print entire department name) | | | |
| | Previous Employer Name: | Your er | nail address: | | | |
| | Do you currently have a North Car | rolina | 457(b) Plan | | | |
| | Are you a sworn Law Enforcement Officer? ☐ Yes ☐ No | | | | | |
| | Social Security number | Date of hire | e *Required | | | |
| | L | | | | | |
| | First name MI Last name | | | | | |
| | | | | | | |
| | Address | | | | | |
| | | | | | | |
| | City | | State ZIP code | | | |
| | | | | | | |
| | Date of birth Gender Daytime telephone number | | | | | |
| | month day year | | ea code | | | |
| Contribution | I wish to contribute the following from my salary per pay period : | | | | | |
| Information | ☐ Before-Tax Contribution | Election. | | | | |
| | □ \$ □ □ □ , □ , □ , □ (please provide whole | - dellara ank.) OR — L | % lease fill in % from 1-80%, in whole percentages) | | | |
| | ☐ Roth After-Tax 401(k) Co | " | , , , | | | |
| | □ \$ <u></u> , | | 0/ | | | |
| | (please provide whol | OR — L | | | | |
| | My annual salary is \$ | My nay frequency is | Please note that if the contribution | | | |
| | My annual salary is \$ My pay frequency is Please note that if the contribation amount provided is not in the correct format (dollar vs. percentage), Prudential will use your sinformation to calculate your contribution in accordance with what your payroll requires. | | | | | |

Important information and signature is required on the following pages. The signature page must be provided in order for your enrollment to be processed.

| Investment Allocation | Fill out Part I, II or Part III. Please complete only <u>one</u> section. If you complete more than one section, Prudential will invest contributions in the Plan's default investment option. | | | | | |
|--|--|--|---|---------------------------|-----------------------|--|
| (Please fill out Part I, II or Part III. Do not fill | This form must be completed accurately and received by Prudential Retirement before Prudential Retirement receives contributions on your behalf. If a completed form is not received, Prudential will invest contributions in the Plan's default investment option. Upon receipt of your completed enrollment form, all future contributions will be allocated according to your investment selection. You may contact Prudential Retirement to transfer any existing funds from the default investment option to any other fund(s) in the plan. | | | | | |
| out more than one section.) | By completing one of these sections, you enroll in GoalMaker ®, Prudential's asset allocation program, and you direct Prudential to invest your contribution(s) according to a GoalMaker model portfolio that is based on your risk tolerance and time horizon. You also direct Prudential to automatically rebalance your account according to the model portfolio chosen upon enrollment and on a quarterly basis. Enrollment in GoalMaker can be canceled or changed at anytime. | | | | | |
| Part I | Choose Your Risk Tolerance ☐ Conservative ☐ Moderate ☐ Aggressive | | | | | |
| GoalMaker with Automatic Age Adjustment: | 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. | | | | | |
| | Expected Retiremen | t Age: L | | | | |
| Part II | GoalMake | er without Automatic Age Adjus | stment: GoalMaker N | lodel Portfolio (check or | ne box only) | |
| 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 Time Horizon (years to retirement) 26 Plus Years to retirement 16 to 20 Years to retirement 11 to 15 Years to retirement 0 to 5 Years to retirement 0 to 5 Years to retirement | | | Conservative | Moderate | Aggressive | |
| | | Plus Years to retirement to 25 Years to retirement to 20 Years to retirement to 15 Years to retirement to 10 Years to retirement | | | | |
| | | Time Horizon (years in retirement) | Conservative | Moderate | Aggressive | |
| Retirment Workbook more information | 0 t 6 to | to 5 Years in retirement to 10 Years in retirement Plus Years in retirement | | | | |
| Part III Design your own investment allocation If your allocations do not equal 100%, Prudential will invest contributions in the Plan's default option | (Please use whole in I wish to allocate in Percent Allocated II Wish to allocate in Wi | e the percentage of your contribete percentages. The total must early contributions to the Plan as for Codes Investment Options YX North Carolina Stable Varyun NC Fixed Income Fund YV NC Fixed Income Index Income | ual 100%.) illows: Fund Fund d id d Fund | in each of the available | e investment options. | |

Social Security number_

Your Beneficiary Designation I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below. Please list additional beneficiaries, along with percentages they are to receive on a separate page, if needed. Indicate whether the additional beneficiary(ies) is/are primary or secondary beneficiary(ies). The use of My Living Children or Per Stirpes as types of beneficiary designations are not permissible. Please provide the specific names and information on the form for the individuals you want to designate. Please use whole percentages.

| Full Legal Name: | SSN: | Date of Birth: |
|---|--|--|
| Address: | 3314. | Date of Birth. |
| Relationship to you: | Telephone Number: | Percentage: |
| | | D |
| Full Legal Name: | SSN: | Date of Birth: |
| Address: | 1 | |
| Relationship to you: | Telephone Number: | Percentage: |
| Full Legal Name: | SSN: | Date of Birth: |
| Address: | | |
| | | |
| Relationship to you: Secondary Beneficiaries – You n | Telephone Number: | Percentage: the secondary section total 100% |
| · , | nust make sure all your percentages in SSN: | - |
| Secondary Beneficiaries – You n | nust make sure all your percentages in | the secondary section total 100% |
| Secondary Beneficiaries – You n Full Legal Name: | nust make sure all your percentages in | the secondary section total 100% |
| Secondary Beneficiaries – You n Full Legal Name: Address: Relationship to you: | nust make sure all your percentages in SSN: | the secondary section total 100% Date of Birth: |
| Secondary Beneficiaries – You n Full Legal Name: Address: | SSN: Telephone Number: | Date of Birth: Percentage: |
| Secondary Beneficiaries – You not provide the Full Legal Name: Address: Relationship to you: Full Legal Name: | SSN: Telephone Number: | Date of Birth: Percentage: |
| Secondary Beneficiaries – You not really Legal Name: Address: Relationship to you: Full Legal Name: Address: Relationship to you: | SSN: Telephone Number: SSN: | Date of Birth: Percentage: Date of Birth: |
| Secondary Beneficiaries – You note Full Legal Name: Address: Relationship to you: Full Legal Name: Address: | SSN: Telephone Number: Telephone Number: | Date of Birth: Percentage: Percentage: |

| Contact | information as possible to assist Prudentia | | loitation. If designating a trusted contact below, please provide ching the trusted contact, if needed. Last name | |
|---------|---|------|--|---|
| | riistiiaiiie | IVII | Lastrianie | |
| | | | | |
| | Address | | | |
| | | | | |
| | City | | State ZIP code | ı |
| | Email address | | | |
| | | | | |
| | Cell phone number* | | Home phone number* | |
| | area code | | area code | |
| | Business phone number* | | Relationship | |
| | | | J <u> </u> | |

*At least one phone number is required.

By choosing to provide information about a trusted contact, you authorize Prudential and its affiliated broker-dealer, Prudential Investment Management Services LLC, to contact the trusted contact listed above and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Please note that if you have other accounts with Prudential Retirement, the trusted contact named above will apply to each of your accounts.

Your

I direct my employer to make payroll deductions as I have indicated. I understand that upon enrollment, I will have telephone and/or internet privileges to perform transactions via Prudential's Interactive Voice Response service and Authorization Online Retirement Center.

This section must be completed in order to process your enrollment.

I agree that Prudential Retirement, the Plan's trustees or the state of North Carolina will not be liable for any loss, liability, cost or expense for implementing my instructions via the Internet or by telephone. I understand that Prudential Retirement will execute on my instructions only when proper identification is simultaneously provided. This identification may consist of information that Prudential Retirement may reasonably deem necessary to establish my identity. I hereby give Prudential Retirement the right to tape record the telephone conversation of any telephone instructions received by Prudential Retirement.

| A Davida in a setta salama de um | Date _ | |
|----------------------------------|--------|--|
| V | Date | |

Participant's signature