

**Instructions**

Please print using blue or black ink. **NOTE:** You should use this form if you are enrolling in the plan for the first time. Keep a copy of this form for your records and return the original to your Benefits/Human Resources Office.

Attention: Benefits/Human Resources Office - Please fax to **1-866-439-8602**.

**Questions?**

Call 1-877-RET-VERM  
for assistance.

**About You**

Plan number

9 4 0 0 1 0

Sub plan number

|\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_|

Employer name

\_\_\_\_\_

Social Security number

|\_| |\_| |\_| - |\_| |\_| - |\_| |\_| |\_| |\_|

Daytime telephone number

|\_| |\_| |\_| - |\_| |\_| - |\_| |\_| |\_| |\_|

area code

First name

|\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_|

MI

Last name

|\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_|

Address

|\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_|

City

|\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_| |\_|

State

ZIP code

|\_| |\_| - |\_| |\_| |\_| |\_|

Date of birth

|\_| |\_| | | | | | | | | | |

month

day

year

Gender

M

F

Original date employed

|\_| |\_| | | | | | | | | | |

month

day

year

Date of rehire (To be completed by your Plan Representative, if applicable.)

|\_| |\_| | | | | | | | | | |

month

day

year

Marital status:

Married

Not married

**Contribution Information**

**Before-Tax Contribution Election** I wish to contribute        % (indicate by whole percentages) **OR**  
\$        ,        of my salary per pay period.

**Roth Contribution Election** I wish to contribute        % (indicate by whole percentages) **OR**  
\$        ,        of my salary per pay period.

**Decline.** I choose not to contribute to my employer-sponsored retirement plan at this time. (Proceed to Your Authorization section on this form.)



## Investment Allocation

**(Please fill out Option I, Option II, or Option III. Do not fill out more than one option.)**

Fill out Option I, Option II, or Option III. **Please complete only one option.**

By completion of Option I or Option II 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 quarterly according to the model portfolio chosen. Enrollment in GoalMaker can be canceled at anytime.

Please refer to the Get Started Guide for more information on rebalancing and age adjustment.

Option I or Option II must be completed accurately, otherwise your investment allocation will be placed in GoalMaker with age adjustment.

Option III must be completed accurately and received by Prudential **before** assets are accepted; otherwise, contributions will be placed in the default investment option selected by your plan. Upon receipt of your completed enrollment form, **all future** contributions will be allocated according to your investment selection. You must contact Prudential to transfer any **existing** funds from the default option.

Morningstar uses a holistic, total wealth approach steeped in research that considers an investor's unique risk preferences and risk capacity to map an investor to the most appropriate overall stock and bond mix in weights represent the optimal combination of "accumulation-oriented" characteristics vs. given the unique profile of the investor.

In applying particular asset allocation models to your individual situation, you should consider your other assets, income, and investments (e.g., equity in a home, Social Security benefits, individual retirement plan investments, savings accounts, and interests in other qualified and non-qualified plans) in addition to your interests in the plan.

There are other designated investment alternatives that have similar risk and return characteristics available and can be viewed in the "design your own allocation section" of this form. More information on these investment alternatives is available by logging on to prudential.com/online/retirement or by calling the number listed on this form.

For informational or educational purposes only. This material is not intended as advice or recommendation about investing or managing your retirement savings. By sharing it, Prudential Retirement is not acting as your fiduciary as defined by the Department of Labor's Fiduciary rule or otherwise. If you need investment advice, please consult with a qualified professional.

### Option I – Choose GoalMaker with Age Adjustment

By selecting your risk tolerance, and confirming your expected retirement age below, your contributions will be automatically invested in a GoalMaker model portfolio that is based on your risk tolerance and years left until retirement. You also confirm your participation in GoalMaker's age adjustment feature, which adjusts your allocations over time based on your years left until retirement.

Select Your Risk Tolerance                      Conservative                      Moderate                      Aggressive

### Confirm Your Expected Retirement Age

Expected Retirement Age:

Yes. Please use the default Expected Retirement Age listed above.

No. Please use   as my expected retirement age.

**OR**

### Option II – Choose GoalMaker *without* Age Adjustment

I do not want to take advantage of GoalMaker's age adjustment feature. Please invest my contributions according to the model portfolios selected below and I acknowledge that I have reviewed the additional GoalMaker and investment information within the option 1 section above and that I have received a list of investments with similar risk and return characteristics as noted in the "design your own investment allocation section" of this document. More information on these investment alternatives is available by logging on to prudential.com/online/retirement or by calling the number listed on this form.

Time Horizon (years until retirement)	GoalMaker Model Portfolio (check one box only)		
	Conservative	Moderate	Aggressive
0 to 5 Years	C01	M01	R01
6 to 10 Years	C02	M02	R02
11 to 15 Years	C03	M03	R03
16 + Years	C04	M04	R04

### Option III – Design your own investment allocation

If you would like to design your own asset allocation instead of selecting GoalMaker, designate the percentage of your contribution to be invested in each of the available investment options. (Please use whole percentages. The column(s) must total 100%.)

I wish to allocate my contributions to the Plan as follows:

Percent Allocated	Codes	Investment Options
_____ %	XV	Guaranteed Long-Term Fund*
_____ %	EG	PIMCO Total Return ESG Institutional
_____ %	3T	Vanguard Total Bond Market Index I*
_____ %	66	T. Rowe Price Retirement I 2010 I
_____ %	68	T. Rowe Price Retirement I 2020 I
_____ %	70	T. Rowe Price Retirement I 2030 I
_____ %	72	T. Rowe Price Retirement I 2040 I
_____ %	75	T. Rowe Price Retirement I 2050 I
_____ %	77	T. Rowe Price Retirement I 2060 I
_____ %	KU	Vanguard Institutional Index I*
_____ %	23	Calvert Equity I
_____ %	RP	Vanguard Mid Cap Index Institutional*
_____ %	GM	Vanguard Small Cap Value Index I*
_____ %	LK	Vanguard Total Intl Stock Index I*
_____ %	2R	Pax Global Environmental Mrkts Instl
_____ %	76	T. Rowe Price Retirement Balanced Fund
<b>1 0 0</b> %	<b>Total</b>	

\*Investments available to the GoalMaker asset allocation offering.

Participant's Name (print): \_\_\_\_\_

**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).

**(A) Primary Beneficiary(ies)**

FULL LEGAL NAME

Address

City State ZIP code %

Social Security number Percentage

Date of birth My Relationship

Telephone number

FULL LEGAL NAME

Address

City State ZIP code %

Social Security number Percentage

Date of birth My Relationship

Telephone number

FULL LEGAL NAME

Address

City State ZIP code %

Social Security number Percentage

Date of birth My Relationship

Telephone number

**Please use whole percentages - must total 100%.**
**(B) Secondary Beneficiary(ies)**

FULL LEGAL NAME

Address

City State ZIP code %

Social Security number Percentage

Date of birth My Relationship

Telephone number

FULL LEGAL NAME

Address

City State ZIP code %

Social Security number Percentage

Date of birth My Relationship

Telephone number

FULL LEGAL NAME

Address

City State ZIP code %

Social Security number Percentage

Date of birth My Relationship

Telephone number

**Please use whole percentages - must total 100%.**
**Your Authorization**

I certify that the information above is accurate and complete. If I have chosen to contribute to the Plan, I give my employer permission to contribute a portion of my salary to the Plan according to the instructions above.

**X**  
 \_\_\_\_\_  
 Participant's Signature

Date \_\_\_\_\_