

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 2 0

Sub plan number

Social Security number

_____ - _____ - _____

Daytime telephone number

_____ - _____ - _____

area code

First name

MI

Last name

Address

City

State

ZIP code

Date of birth

Gender

Original date employed

M F

*month day year**month day year*

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

*month day year*Marital status: Married Not married

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: 6 | 2

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	<input type="checkbox"/> C01	<input type="checkbox"/> M01	<input type="checkbox"/> R01
6 to 10 Years	<input type="checkbox"/> C02	<input type="checkbox"/> M02	<input type="checkbox"/> R02
11 to 15 Years	<input type="checkbox"/> C03	<input type="checkbox"/> M03	<input type="checkbox"/> R03
16 + Years	<input type="checkbox"/> C04	<input type="checkbox"/> M04	<input type="checkbox"/> 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
_____ %	3Z	State of Vermont Stable Value*
_____ %	EG	PIMCO Total Return ESG Institutional
_____ %	BO	PIMCO Total Return Instl
_____ %	3T	Vanguard Total Bond Market Index I*
_____ %	D1	Fidelity Advisor Freedom 2005 Z6
_____ %	D2	Fidelity Advisor Freedom 2010 Z6
_____ %	D3	Fidelity Advisor Freedom 2015 Z6
_____ %	D4	Fidelity Advisor Freedom 2020 Z6
_____ %	D5	Fidelity Advisor Freedom 2025 Z6
_____ %	D6	Fidelity Advisor Freedom 2030 Z6
_____ %	D7	Fidelity Advisor Freedom 2035 Z6
_____ %	D8	Fidelity Advisor Freedom 2040 Z6
_____ %	D9	Fidelity Advisor Freedom 2045 Z6
_____ %	DA	Fidelity Advisor Freedom 2050 Z6
_____ %	DB	Fidelity Advisor Freedom Income Z6
_____ %	K7	American Funds Growth Fund of Amer R6*
_____ %	M8	Vanguard Balanced Index I
_____ %	35	SA/T. Rowe Price Equity Income Strategy*
_____ %	D0	Domini Impact Equity R
_____ %	KA	Fidelity 500 Index Institutional
_____ %	DD	Fidelity Dividend Growth K
_____ %	DF	Fidelity Blue Chip Growth K6*
_____ %	DH	Fidelity Puritan K
_____ %	DG	Fidelity Low-Priced Stock K6*
_____ %	UO	Fidelity Extended Market Index Premium
_____ %	KO	Fidelity Small Cap Discovery
_____ %	T8	Janus Henderson Triton N*
_____ %	LK	Vanguard Total Intl Stock Index I*
_____ %	CB	Columbia Acorn International Inst3
_____ %	DE	Fidelity International Discovery K
_____ %	2R	Pax Global Environmental Mrkts Instl
1 0 0 %	Total	

*Investments available to the GoalMaker asset allocation offering

Social Security number _____

Important Information continued on the following page

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 _____ Date _____
 Participant's Signature

Social Security number _____