

GoalMaker® Election Form

	NORTH CAROLINA 401(k) PLAN		NC 401(K) FLAN
Instructions	Please print using blue or black ink. Complete the your records and send completed form to the foll original for your records. Please ensure the 'Your Au NC 401(k) Processing Center	nis form only if you are enrolled in the plar owing address or fax it to 1-570-340-432 uthorization' section is completed when you	 Please keep a copy for 8. If faxing, please keep return the form.
	PO Box 5340 Scranton, PA 18505-5340		
About You	Plan number		Questions?
	0 0 2 0 3 Current Employer		Call 1-866-NC401K1
	Social Security number	Daytime telephone number	for assistance.
		l L L L L L L L L L L	
	First name MI Las	st name	
	Address		
	City	State ZIP code	
] · []
	Date of birth Sex	Original date employed	
	M month day year	F f day year	
Investment	Fill out Part I or II. Please complete only <u>one</u> section.		
Allocation	Part I GoalMaker with Automatic Age Adjustme	nt:	
(Do not fill out more than one section.)	By completing this section 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 on a quarterly basis. Enrollment in GoalMaker can be canceled at anytime by changing or exchanging your investment to a selection other than GoalMaker.		
	Choose Your Risk Tolerance 🛛 Conserva		ggressive
	GoalMaker also_automatically adjusts your alloca retirement age. To ensure that your allocations ar below.	ations over time based on your current re updated correctly please confirm your o	age and the expected expected retirement age
	Expected Retirement Age:		
	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 Planning Guide for m Time Horizon	nore information. GoalMaker Model Portfolio (check one l	box only)
	(years until retirement)	ervative Moderate	Aggrossivo
		ervative Moderate C01 D M01	Aggressive
		C02 M02	R 02
	11 to 15 Years	C03 🛛 M03	🗖 R03
	16 Plus Years	C04 🗖 M04	🗖 R04
	Roth contributions are offered as a feature of the No because your employer may be in the process of up unsure if your employer's payroll has been updated 0151.	pdating their payroll system to accommoda	te this feature. If you are
Your	I agree that Prudential Retirement, the Plan's trus	stees or the state of North Carolina will no	ot be liable for any loss,
	norization 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 identify. I hereby give Prudential Retirement the right to tape record the telephone conversation of any telephone		
This section must be			
completed in order to		Date	
process your	X Participant's signature		
Ed. 5/2006			

Prudential Retirement