



Enrollment Form

NC 401(k) PLAN

Instructions Please print using blue or black ink. Please keep a copy for your records and send completed form to the following address or fax it to **1-866-439-8602**. If faxing, please keep original for your records. Please ensure the 'Your Authorization' section is included when you return the form.

NCPlans Processing Center
PO Box 5340
Scranton, PA 18505

Questions?
Call 1-866-627-5267
for assistance.

About You

Plan number 002003 Who is your employer? _____ What Department do you work in? _____
(Please print entire employer name) (Please print entire department name)

Have you recently changed employers? Yes No

Previous Employer Name: _____ Current Employer Name: _____

Are you a sworn Law Enforcement Officer? Yes No

Social Security number _____ Daytime telephone number _____
_____ area code _____

First name _____ MI _____ Last name _____

Address _____

City _____ State _____ ZIP code _____

Date of birth _____ Gender M F Original date employed _____
month day year month day year

Contribution Information

I wish to contribute the following from my salary per pay period:

- Before-Tax Contribution Election.**
 - \$ _____, _____ .00 (please provide whole dollars only)
 - OR**
 - _____ % (please fill in % from 1-80%, in whole percentages)
- Roth 401(k) Contribution Election.**
 - \$ _____, _____ .00 (please provide whole dollars only)
 - OR**
 - _____ % (please fill in % from 1-80%, in whole percentages)

My yearly salary is \$ _____. My pay frequency is _____. Please note that if the contribution amount provided is not in the correct format (dollar vs. percentage), Prudential will use your salary information to calculate your contribution in accordance with what your payroll requires.

Investment Allocation

(Please fill out Part I, II or Part III. Do not fill out more than one section.)

Fill out Part I, II or Part III. **Please complete only one section.**

Part I GoalMaker with Automatic Age Adjustment:

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.

Choose Your Risk Tolerance **Conservative** **Moderate** **Aggressive**

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 Retirement Age:

OR

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 more information.

GoalMaker without Automatic Age Adjustment:

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 Plus Years	<input type="checkbox"/> C04	<input type="checkbox"/> M04	<input type="checkbox"/> R04

OR

Part III Design your own investment allocation

If you would like to design your own asset allocation instead of selecting a GoalMaker model portfolio, 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%.)

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

Percent Allocated	Codes	Investment Options
<input type="text"/> <input type="text"/> <input type="text"/> %	NK	Prudential Stable Value Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	YA	NC Fixed Income Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	YG	NC Large Cap Value
<input type="text"/> <input type="text"/> <input type="text"/> %	YH	NC Large Cap Index
<input type="text"/> <input type="text"/> <input type="text"/> %	YF	NC Large Cap Growth
<input type="text"/> <input type="text"/> <input type="text"/> %	YE	NC Small Mid Cap Value
<input type="text"/> <input type="text"/> <input type="text"/> %	YD	NC Small Mid Cap Index
<input type="text"/> <input type="text"/> <input type="text"/> %	YB	NC Small Mid Cap Growth
<input type="text"/> <input type="text"/> <input type="text"/> %	YI	NC International Index
<input type="text"/> <input type="text"/> <input type="text"/> %	YC	NC International
<input type="text"/> <input type="text"/> <input type="text"/> %	YJ	NC Global Equity
<input type="text"/> <input type="text"/> <input type="text"/> %	Total	

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, the Stable Value Fund. Upon receipt of your completed enrollment form, **all future** contributions will be allocated according to your investment selection. You must contact Prudential Retirement to transfer any **existing** funds from the Stable Value Fund used to invest your defaulted contributions.

Your Authorization

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 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.

_____ Date _____
Participant's signature

Social Security Number _____