



## Tax 13 au Contribution, GoalMaker and/or Allocation Change 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.

**NC Plans Processing Center** 

PO Box 5340

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

	cranton, PA 18505					
About You	an number Who is your employer? What Department do you work in	?				
	0 + 0 + 2 + 0 + 0 + 3 +					
	(Please print entire employer name) (Please print entire department name	ne)				
	nail address:					
	ocial Security number Daytime telephone number					
	area code					
	rst name MI Last name					
Contribution	wish to contribute the following from my salary per pay period:					
Information	□ Before-Tax Contribution Election.					
	S					
	□ ∟ % (please fill in % from 1-80%, in whole percentages)					
	Roth After-Tax 401(k) Contribution Election.					
	S					
	□					
	y annual salary is \$ My pay frequency is Please note that if the contribution a rovided is not in the correct format (dollar vs. percentage), Prudential will use your salary information to calculate ontribution in accordance with what your payroll requires.	mount e your				

Important information and signature is required on the following pages.

Investment							
Allocation (Please fill out Part I, II or Part III.	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.						
Do not fill out more	Part I GoalMaker with Automatic Age Adjustment:						
than one section.)	Choose Your Risk Tolerance	☐ Conservative ☐	☐ Moderate ☐	☐ Aggressive			
OR	GoalMaker also automatically adjusts your allocations over time based on your current age and the expected age. To ensure that your allocations are updated correctly please confirm your expected retirement age Expected Retirement Age is not provided, age 65 will be used.						
	Expected Retirement Age:						
	Part II GoalMaker without Automat By completing this section, I confirm Please invest my contributions accordi	that I do not want to take		er's Age-Adjustment Feature.			
	Please refer to the Retirement Workbo						
	GoalMaker without Automatic Age A	GoalMaker	Model Portfolio (check				
	Time Horizon (years to retirement)	Conservative	Moderate	Aggressive			
	26 Plus Years to retirement 21 to 25 Years to retirement	R	R				
	16 to 20 Years to retirement	Ë	Ē				
	11 to 15 Years to retirement 6 to 10 Years to retirement						
	0 to 5 Years to retirement						
	Time Horizon (years in retirement)	Conservative	Moderate	Aggressive			
	0 to 5 Years in retirement						
	6 to 10 Years in retirement 11 Plus Years in retirement	H	H	$\exists$			
		Important information	on and signature is requ	ired on the following page.			
Social Security num	ber						

Investment Allocation	Part III Design your own investment allocation					
	Please 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%.)					
(Please fill out Part I, II or Part III. Do not fill out more than one section.)	I wish to allocate my contributions to the Plan as follows:					
	Percent Allocated	YX YU YV YW YY YM YZ YP YT YS Y2 Total	North Carolina Stable Value Fund NC Fixed Income Fund NC Fixed Income Index Fund NC Inflation Responsive Fund NC Large Cap Core Fund NC Large Cap Index Fund NC Small / Mid Cap Fund NC Small / Mid Cap Fund NC International Index Fund NC International Fund NC International Fund NC TIPS Fund  Re a change to how the existing money is invested in your account, please log into your ass.prudential.com or contact us at 1-866-627-5267.			
Your Authorization	Your  Authorization  I direct my employer to make payroll deductions as I have indicated. I understand that Prudential will rely of information I have provided in processing my request. I further understand that I am responsible for its accuracy event any dispute arises with respect to the transaction.					
	X Participant's sign	nature	Date			
Social Security numb	per					