North Carolina Total Retirement Plans 457 | DALL R. FOLWELL, CPA

# Contribution, GoalMaker and/or Allocation Change Form

NC 457 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
Scranton, PA 18505

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

## About You

Plan number
0 1 2 0 0 3

**Who is your employer?**
_____
(Please print entire employer name)

**What Department do you work in?**
_____
(Please print entire department name)

Email address: _____

Social Security number
___-___-____

Daytime telephone number
___-___-____
*area code*

First name | MI | Last name

## 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 1-100%, in whole percentages)

☐ **Roth After-Tax 457 Contribution Election**.

☐ $___,___**.00** (please provide whole dollars only)

**OR**

☐ ___ % (please fill in % from 1-100%, in whole percentages)

My annual 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.



**Important information and signature is required on the following pages.**

## Investment Allocation

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

***OR***

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

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.

**Part I GoalMaker with Automatic Age Adjustment:**

**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: ☐☐

**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 Workbook for more information.

**GoalMaker without Automatic Age Adjustment:**

| | **GoalMaker Model Portfolio (check one box only)** | | |
|---|---|---|---|
| **Time Horizon** (years to retirement) | Conservative | Moderate | Aggressive |
| 26 Plus Years to retirement | ☐ | ☐ | ☐ |
| 21 to 25 Years to retirement | ☐ | ☐ | ☐ |
| 16 to 20 Years to retirement | ☐ | ☐ | ☐ |
| 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 | ☐ | ☐ | ☐ |

**Important information and signature is required on the following page.**
**The signature page must be provided in order for your enrollment to be processed.**

Social Security number_____

## Investment Allocation

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

***OR***

### 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%.)

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

| Percent Allocated | Codes | Investment Options |
|---|---|---|
| ___ % | YX | North Carolina Stable Value Fund |
| ___ % | YU | NC Fixed Income Fund |
| ___ % | YV | NC Fixed Income Index Fund |
| ___ % | YW | NC Inflation Responsive Fund |
| ___ % | YY | NC Large Cap Core Fund |
| ___ % | YM | NC Large Cap Index Fund |
| ___ % | YZ | NC Small / Mid Cap Fund |
| ___ % | YP | NC Small Mid Cap Index Fund |
| ___ % | YT | NC International Index Fund |
| ___ % | YS | NC International Fund |
| ___ % | Y2 | NC TIPS Fund |
| 100 % | **Total** | |

**If you would like to make a change to how the existing money is invested in your account, please log into your account on www.ncplans.prudential.com or contact us at 1-866-627-5267.**

## Your Authorization

I direct my employer to make payroll deductions as I have indicated. I understand that Prudential will rely on the information I have provided in processing my request. I further understand that I am responsible for its accuracy in the event any dispute arises with respect to the transaction.

X _____ *Date* ____|____|____

*Participant's signature*

Social Security number_____