



Instructions

Please print using blue or black ink. Send completed form to the following address or fax it to 1-866-439-8602. If faxing, please keep original for your records.

Prudential
30 Scranton Office Park
Scranton, PA 18507-1789

Questions?

Call 1-877-778-2100
for assistance.

About You

Plan number 9 8 0 1 3 0 Sub plan number 0 0 0 0 0 1

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
month day year M F month day year

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

Marital status: [] Married [] Not married

Contribution Information

- [] Before-Tax Contribution Election. I wish to contribute [] % (0 - 75%) of my salary per pay period.
[] Decline. I choose not to contribute to my employer-sponsored retirement plan at this time. (Proceed to Your Authorization section on this form.)

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.

Investment Allocation
(continued)

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

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: 5 5

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.

Time Horizon
(years until retirement)

GoalMaker Model Portfolio
(check one box only)

0 to 5 Years

Conservative

Moderate

Aggressive

C01

M01

R01

6 to 10 Years

C02

M02

R02

11 to 15 Years

C03

M03

R03

16 + Years

C04

M04

R04

OR

Important information and signature required on the following pages

Social Security number _____

Investment Allocation
(continued)

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

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
_____ %	XS	Prudential Stable Value Investment Fund
_____ %	IH	Vanguard Federal Money Market Fund Investor Shares
_____ %	SR	PIMCO Real Return Fund Administrative Class
_____ %	C3	Metropolitan West Total Return Bond Fund Plan Class
_____ %	RT	Vanguard Total Bond Market Index Fund Admiral Shares
_____ %	PQ	Ivy High Income Fund Class I
_____ %	LQ	American Century Investments One Choice In Retirement Portfolio I Class
_____ %	LH	American Century Investments One Choice 2025 Portfolio I Class
_____ %	LJ	American Century Investments One Choice 2035 Portfolio I Class
_____ %	LM	American Century Investments One Choice 2045 Portfolio I Class
_____ %	Q8	American Century Investments One Choice 2055 Portfolio I Class
_____ %	TU	American Funds: American Balanced Fund Class R-5
_____ %	74	T Rowe Price Value Fund Advisor Class
_____ %	ZA	JP Morgan US Equity Fund Class L
_____ %	73	Vanguard 500 Index Fund Admiral Shares
_____ %	P2	American Funds: The Growth Fund of America Class R-4
_____ %	P9	Wells Fargo Special Mid Cap Value Fund – Class Admin
_____ %	R0	Vanguard Mid-Cap Index Admiral Shares
_____ %	MM	MassMutual Select Mid Cap Growth Fund Class I
_____ %	2E	Columbia Small Cap Value Fund II Advisor Class
_____ %	72	Vanguard Small-Mid Cap Index Fund Admiral Shares
_____ %	M4	ClearBridge Small Cap Growth Fund Class I
_____ %	DF	American Funds: Capital Word Growth and Income Fund Class R-3
_____ %	RU	Vanguard Total International Stock Index Fund Admiral Shares
_____ %	P5	American Funds: EuroPacific Growth Fund Class R-4
_____ %	S7	Oppenheimer Developing Market Fund Class A
1 0 0 %	Total	

Important information and signature required on the following pages

Social Security number _____

Trusted Contact

You may, but are not required to, name a trusted contact person who is intended to be a resource that could assist Prudential in the event of suspected financial exploitation. If designating a trusted contact below, please provide as much information as possible to assist Prudential in reaching the trusted contact, if needed.

First name _____ MI _____ Last name _____

Address _____

City _____ State _____ ZIP code _____

Email address _____

Cell phone number* _____ Home phone number* _____
area code _____ *area code* _____

Business phone number* _____ Relationship _____
area code _____

*At least one phone number is required.

By choosing to provide information about a trusted contact, you authorize Prudential and its affiliated broker-dealer, Prudential Investment Management Services LLC, to contact the trusted contact listed above and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults). Please note that if you have other accounts with Prudential Retirement, the trusted contact named above will apply to each of your accounts.

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.

Signature **X** _____ Date _____

Social Security number _____