



**Instructions**

**Please print using blue or black ink. Note:** You should use this form if you are enrolling in the plan for the first time. Keep a copy of this form for your records and return the original to your Benefits/Human Resources Office.

Attention: Benefits/Human Resources Office - Please fax or send completed form to Prudential.

**Questions?**

Call 1-877-778-2100  
for assistance.

**About  
You**

Plan number

Sub plan number

7 6 4 7 6 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

M

F

month

day

year

month

day

year

Marital Status

Married

Single, widowed or legally divorced

**Contribution  
Information**

**Before-Tax Contribution Election.** I wish to contribute % (1% to 75% in whole percentages) of my salary per pay period.

**Roth Contribution Election.** I wish to contribute % (indicate by whole percentages) of my compensation per pay period on a Roth (post-tax) basis.

**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.**

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 can 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.

Certain investments available within the GoalMaker models are only available while you are enrolled in GoalMaker. If you cancel GoalMaker, or initiate a transaction that results in GoalMaker cancellation, you will be asked to direct your future allocations to another investment.

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.

Morningstar uses a holistic, total wealth approach steeped in research that considers an investor's unique risk preferences and risk capacity to map an investor to the most appropriate overall stock and bond mix in weights represent the optimal combination of "accumulation-oriented" characteristics vs. "retirement-oriented" characteristics given the unique profile of the investor.

In applying particular asset allocation models to your individual situation, you should consider your other assets, income, and investments (e.g., equity in a home, Social Security benefits, individual retirement plan investments, savings accounts, and interests in other qualified and non-qualified plans) in addition to your interests in the plan.

There are other designated investment alternatives that have similar risk and return characteristics available and can be viewed in the "design your own allocation section" of this form. More information on these investment alternatives is available in the fund fact sheets included within this guide.

For informational or educational purposes only. This material is not intended as advice or recommendation about investing or managing your retirement savings. By sharing it, Prudential Retirement is not acting as your fiduciary as defined by the Department of Labor's Fiduciary rule or otherwise. If you need investment advice, please consult with a qualified professional.

**Select Your Risk Tolerance**

**Conservative**

**Moderate**

**Aggressive**

### Confirm Your Expected Retirement Age

Expected Retirement Age:

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.

Social Security Number

Time Horizon (years until retirement)	GoalMaker Model Portfolio (check one box only)		
	Conservative	Moderate	Aggressive
16 + Years	C04	M04	R04
11 to 15 Years	C03	M03	R03
6 to 10 Years	C02	M02	R02
0 to 5 Years	C01	M01	R01

---

Social Security Number\_\_\_\_\_

**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:

<b>Your Contributions</b>	<b>Your Employer's Contributions</b>	<b>Codes</b>	<b>Investment Options</b>
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	XV	Guaranteed Income Fund*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	MN	PIMCO Real Return Fund Institutional Class
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	NZ	PGIM Total Return Bond Fund -Class R6*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	K7	American Funds American Balanced Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	SN	American Funds Washington Mutual Investors Fund Class R-6*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	73	Vanguard 500 Index Fund Admiral Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	2Q	Vanguard Dividend Growth Fund Investor Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	UF	Morgan Stanley Institutional Fund, Inc. Advantage Portfolio Class IS*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	Z2	Vanguard Mid-Cap Value Index Fund Admiral Shares*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	CE	Eaton Vance Atlanta Capital SMID-Cap Fund Class R6
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	72	Vanguard Small-Cap Index Fund Admiral Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	CI	Meridian Small Cap Growth Fund Institutional Class*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	QP	Invesco Oppenheimer Global Fund Class R6
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	LZ	MFS International Intrinsic Value Fund Class R6*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	PB	Invesco Oppenheimer Developing Markets Fund Class R6
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	ME	Cohen & Steers Real Estate Securities Fund, Inc. Class Z
<b>1</b> <b>0</b> <b>0</b> %	<b>1</b> <b>0</b> <b>0</b> %	<b>Total</b>	

\*These investments are included in your plan's GoalMaker portfolios. These investments are subject to change. You will be notified in writing in advance of any such change.

## 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

[illegible][illegible]

\*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

**For  
Employer  
Use Only**

This section should be completed only if the participant has previously terminated with the employer sponsoring the plan and has been rehired.

Original date employed

<i>month</i>		<i>day</i>		<i>year</i>	

Date of termination

month		day		year					

Date of rehire

month day year

Social Security Number

**This page is intentionally left blank.**



**Spousal  
Consent  
to Waiver  
of QPSA**

I am the spouse of the participant, and I understand that I am entitled to at least 50% of the account upon the participant's death. I have read an explanation of my right to receive a Qualified Pre-Retirement Survivor Annuity if the participant dies before benefit payments commence, and understand the spousal death benefit to which I am entitled under the plan. I realize the participant is waiving this spousal death benefit and I voluntarily consent to the waiver. By signing this consent, I will **not** receive the benefit that would otherwise have been payable to me upon the participant's death, and voluntarily agree to the participant's designation of the beneficiary(ies) indicated above.

  X  

Date                     

*Spouse's signature - must be witnessed by a notary public OR authorized plan representative.*

Notary Stamp or Seal

Subscribed and sworn before me on the        day of       , the year       

State of       , County of       

My commission expires       

Signature of        notary or        authorized plan representative

  X  

Date                     

**Your  
Authorization  
and (if  
applicable)  
Waiver of  
QPSA**

I designate the beneficiary(ies) specified above to receive benefits under the plan upon my death. If I am married and my spouse is not the primary beneficiary for at least 50% of my account balance, I acknowledge that I have read an explanation of my spouse's right to receive a Qualified Pre-Retirement Survivor Annuity (QPSA) in the event I die prior to commencing benefits. I waive the requirement that this pre-retirement death benefit be paid in the form of a QPSA.

Signature   X   Date                     

**Plan Provisions**

**For Married Members:** Before a distribution to a non-spouse beneficiary may be processed, you must waive your right to a spousal survivor annuity and your spouse must consent to the waiver. A valid waiver and spousal consent may be given only after you have been furnished with written explanations of your right to receive a Qualified Joint and Survivor Annuity (QJSA) at retirement, or a Qualified Pre-Retirement Survivor Annuity (QPSA) in the event you die before benefit payments begin.

**QPSA Rules:**

Explanation of QPSA for married participants: In the case of your death before retirement, the Plan will use no less than 50% of your vested account balance to purchase a pre-retirement survivor annuity (QPSA) from an insurance company for your spouse. If you desire a different form of payment or wish to designate a beneficiary other than your spouse, you must file a waiver of the QPSA with the Plan Administrator during the election period. Please contact the Plan Administrator concerning the available alternative forms of payment.

You may waive the QPSA by completing the Authorization on this form, and having your spouse consent to the waiver by completing the Spousal Consent section. Generally, you may waive the QPSA only during the "applicable election period." This period begins on the first day of the Plan year in which you attain age 35 and ends on the earlier of your death or the date on which your account balance commences to be paid under the Plan. Your plan may permit you to waive a QPSA prior to age 35; however, if this is the case any such election must be reaffirmed with appropriate spousal consent during the Plan Year in which you attain age 35. Please consult your plan administrator as to the terms of your plan. Your spouse's consent to the waiver of QPSA must be witnessed by either a notary or an authorized plan representative.

Continued on next page

Social Security Number       

**DID YOU REMEMBER TO:**

- Sign the form
- Use whole numbers
- Initial any changes
- Have your spouse's signature notarized



30 Scranton Office Park  
Scranton, PA 18507-1789

## Instructions for Choosing Your Beneficiary

**Please print using blue or black ink.** Please print using blue or black ink. Keep a copy for your records and send the original form to the address above or fax it to 1-866-439-8602.

### Plan Provisions

If you die before you begin to receive benefits and the above-described waiver of the QPSA and the spousal consent have not been completed, the plan must:

1. Automatically pay a spousal death benefit consisting of at least 50% of your account balance to your surviving spouse (if any) as beneficiary,
2. Unless your spouse elects otherwise after your death, pay that death benefit in the form of an annuity. This annuity form of payment would provide your spouse with a series of monthly payments over his or her life. The amount of each payment would depend on your account balance and your spouse's age at the time of your death.

### General Provisions

- A The terms of the plan govern the payment of any benefit.
- B Primary beneficiary(ies). If more than one person is named and no percentages are indicated, payment will be made in equal shares to the Primary beneficiary(ies) who is living at the time the benefit first becomes payable. If a percentage is indicated and a Primary beneficiary(ies) is not alive at the time the benefit first becomes payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary(ies).
- C If there is no Primary beneficiary(ies) living at the time of the participant's death, any benefit that becomes payable will be distributed to the surviving Secondary beneficiary(ies) listed, if applicable.
- D Payment to Secondary beneficiary(ies) will be made according to the rules of succession described under Primary beneficiary(ies) in provision B above. If no designated beneficiary(ies) is alive when payment is otherwise payable, payment will be made in accordance with the plan.
- E If a Trust is named as beneficiary, any payment to the Trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received.

### Examples of Beneficiary Designations

If you feel that none of the examples below fit the type of beneficiary designation you want, please send a detailed description of what you propose to Prudential.

Use the term:

1. **"My Living Children"** if you want all your children (born or adopted of any marriage) living at the time of payment to equally share the benefit. This will also include all such children born or adopted after you completed the form. Do not include the names of your children if you use this term.
2. **"My Living Trust"** if you want to designate your Living Trust. You must also give the name(s) of the Trustee(s), name(s) of the successor Trustee(s) (Trustee and Successor Trustee cannot be the participant), the date of the Trust Agreement and the address if a bank or trust company is the Trustee.
3. **"My Testamentary Trust"** if you want to designate the Trust in your Last Will and Testament. Do not name your Trustee.
4. **"My Estate"** if you want the benefit to be paid to your estate.
5. **"(Name), Per Stirpes"** if you want the payment(s) to be paid up to and including the second generation of descendants. For example, if a beneficiary in such class is not living when a payment is due, such payment will be made in equal shares to any living sons and daughters (born or adopted of any marriage), of such beneficiary. If there are no living sons and daughters of such beneficiary when a payment is due, payment will be made to the estate of the last to die of the participant or such beneficiary. An example of a correct designation would be Jane Doe, Per Stirpes.

**This page is intentionally left blank.**

**Instructions**

- Complete this form in its entirety.
- Gather the appropriate documentation as requested in the 'Required Information' section of this form.
- Mail or fax this completed form and documentation as instructed below.
- Contact your previous recordkeeper or plan sponsor to initiate a disbursement from your previous account to Prudential.

**Form and  
Check  
Direction**

You should use this form if you want to roll over eligible money to your current account with Prudential. You should contact your current plan administrator to confirm acceptance. **Please complete using blue or black ink.**

Keep a copy of this form for your records and bring the original to your benefits/human resources office. This form must be signed by the current plan administrator or an authorized plan representative. The benefits/human resources office will be responsible for submitting the form to Prudential. All checks, whether sent by you or your prior employer's plan, should be payable to 'Prudential for the benefit of (participant's name)' and should also include the last 4 digits of the individuals social security number. **Any check should be mailed to:**

**Prudential**  
30 Scranton Office Park  
Scranton PA 18507-1789

**For Assistance**  
Call 1-877-778-2100  
Say "consolidate"

**Note:** Receipt of the completed form is required within 30 days of the receipt of check. Failure to send us the completed form may cause the check to be returned.

**About  
You**

To ensure proper and timely processing, please complete all fields below.

Prudential Plan number

Sub plan number (if applicable)

7 6 4 7 6 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

M

F

month

day

year

month

day

year

**To ensure proper and timely processing, please complete all fields below. You must include a copy of a statement from your prior retirement plan provider.**

Prior retirement plan provider name

[illegible]

Prior plan account number

\_\_\_\_\_

Prior retirement plan provider address

[illegible]

City

State

Zip code

[illegible]

Prior retirement plan provider daytime telephone number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*area code*

Previous retirement plan name

What type of plan are you rolling/transferring **FROM**?

401(k)

401(a)

403(a)

403(b)

IRA

Governmental 457(b)

## Simplified Employee Pension (SEP) Plan

Please liquidate and rollover/transfer:

Total Account Value

**OR**

\$ \_\_\_\_\_ .00

## Rollover Allocation Information

If you **are enrolled** in the Plan and you have not made a rollover investment election by the time your rollover is processed, your rollover contribution will be invested in the same allocation as your employee contributions, **otherwise** it will be invested according to your current allocation. If you **are not enrolled** in the Plan, your rollover contribution will be invested in the default investment option selected by your Plan.

Any Roth dollars will be invested in the same allocation as your Roth contributions (if applicable).

If you wish to change your investment elections or transfer funds (if allowed under your plan), you can do so by calling Prudential toll-free at the number on the first page or go online at **[www.prudential.com/online/retirement](http://www.prudential.com/online/retirement)**.

## Required Information

In order for your rollover to be approved, please be sure to submit proof to ensure the assets are acceptable and the plan satisfies the Code Sections indicated.

You will be required to provide the following documentation from the distributing retirement plan or IRA.

- A copy of a statement from the distributing plan or carrier that includes the plan name and identifies the type of plan (i.e., 401(a), 401(k) etc.),

**OR**

- A letter from the distributing plan or plan representative stating the plan is qualified under the applicable section of the Internal Revenue Code, or a copy of the plan's most recent determination letter or opinion letter.

---

**Minimum  
Distribution  
Information**

I understand that if I am age 70 ½ or older, the distributing provider is required to process the Required Minimum Distribution before these funds are rolled over to Prudential. I further understand that I need to direct the prior provider to distribute my Required Minimum Distribution prior to processing this rollover.

---

**Disclosures**

If your transaction includes **after-tax dollars and/or Roth contributions**, your current provider or custodian needs to provide the amount of the **after-tax dollars and/or Roth contributions** along with the check, otherwise the entire amount will be applied as before-tax. Not all plans accept rollovers/transfers of **after-tax and/or Roth**. \*For Roth rollover contributions, a letter from the prior plan's administrator that provides (1) the amount of Roth contributions (basis) being rolled over, and (2) your "Roth Start Date."

The law requires that any withdrawals made of after tax monies from a retirement plan must have a proportionate amount of earnings attached to them. This means that if you happen to have after tax contributions that were made to your account in 1986 or before, you can take a withdrawal at a future date of just the principal amount and you will not be required to include earnings. Any after tax contributions made after that date you will be required to take a proportionate amount of earnings. Your prior record keeper should have been tracking your pre-1987 and post-1986 after tax contributions.

Please note: If Prudential does not receive the breakdown of your pre-1987 and post 1986 after tax contributions, the monies will be deposited as post 1986 after tax monies and will have a proportionate amount of earnings attached to them for any future withdrawals until such time as you provide documentation to prove otherwise. If Prudential does not receive your Roth start date or year, we will default it to current day.

---

**Your  
Authorization**

I, the Plan participant, certify that all information on this form is accurate. I also certify that this transaction was distributed from a plan intended to satisfy the requirements of I.R.C. § 401(a), 403(a), 403(b), 457 (governmental only), or an IRA established pursuant to IRC § 408 and, which to the best of my knowledge, does satisfy them.

I additionally certify that this distribution can be rolled over into my account with Prudential because it:

- 1) is not one of a series of substantially equal periodic payments (not less frequently than annually) distributed over my life or life expectancy (or the joint lives [or joint life expectancies] of me and my beneficiary) or over a period equal to or greater than 10 years,
- 2) was received by me not more than 60 days before the date of the rollover to the Plan,
- 3) would be includible in gross income if not rolled over in its entirety, unless after-tax or Roth contributions, which have been previously taxed.
- 4) does not represent a Required Minimum Distribution, a hardship distribution, or a corrective distribution (for example: corrections of elective deferrals or elective contributions, etc.), and
- 5) was distributed to me as an employee (not as a beneficiary) or as a surviving spouse.

**X**

Date

\_\_\_\_\_  
*Participant's/Account Owner's signature*

**Your  
Plan  
Authorization**

I, the Plan Administrator, conclude this contribution is a valid rollover contribution the source of which is a plan intended to satisfy the requirements of I.R.C. § 401(a), 403(a), 403(b), 457 (governmental only), or an IRA established pursuant to IRC § 408 and, which to the best of my knowledge, does satisfy them.

I have received notification from the administrator of the distributing plan or funding agency stating that:

- 1) the plan has received a favorable determination letter;
- 2) the plan or IRA satisfies Code Sections above; OR
- 3) the plan or IRA is intended to satisfy Code Sections above and that the administrator is not aware of any provision or operation that would result in its disqualification.

**X**

*Date*

*Plan Administrator's or Authorized Plan Representative's signature*

This completed form should be mailed to the following address or faxed to 1-866-439-8602.

**Prudential**

30 Scranton Office Park  
Scranton PA 18507-1789