North Carolina Total Retirement Plans 457

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Enrollment Form

NC 457b DEFERRED COMPENSATION 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)

Have you recently changed employers? ☐ Yes ☐ No

Previous Employer Name: _______________________

Do you currently have a North Carolina ☐ 401(k) Plan ☐ 457(b) Plan

Social Security number: ___-__-____

Date of hire ***Required**: month / day / year

First name | MI | Last name

Address

City | State | ZIP code

Your email address

Date of birth: month / day / year

Gender: ☐ M ☐ F

Daytime telephone number: area code ___-___-____

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.
The signature page must be provided in order for your enrollment to be processed.

Prudential Retirement

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 <u>one</u> section. If you complete more than one section, Prudential will invest contributions in the Plan's default investment option.

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. Upon receipt of your completed enrollment form, **all future** contributions will be allocated according to your investment selection. You may contact Prudential Retirement to transfer any **existing** funds from the default investment option to any other fund(s) in the plan.

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: |__|__|

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 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	☐	☐	☐

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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. If your allocations do not equal 100%, Prudential will invest contributions in the Plan's default investment option.

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 Core Fund
___ %	YP	NC Small Mid Cap Index Fund
___ %	YT	NC International Index Fund
___ %	YS	NC International Fund
___ %	Y2	NC TIPS Fund
1 0 0 %	Total	

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Social Security number________________________

Your Beneficiary Designation

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below. Please list additional beneficiaries, along with percentages they are to receive on a separate page, if needed. Indicate whether the additional beneficiary(ies) is/are primary or secondary beneficiary(ies). The use of My Living Children or Per Stirpes as types of beneficiary designations are not permissible. Please provide the specific names and information on the form for the individuals you want to designate. Please use whole percentages.

Primary Beneficiaries – You must make sure all your percentages in the primary section total 100%

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Secondary Beneficiaries – You must make sure all your percentages in the secondary section total 100%

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Your Authorization

This section must be completed in order to process your enrollment.

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.

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.

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X____________________________________ *Date* _____|_____|_____

Participant's signature

Social Security number________________________