

Ed. 2/2019 Percent & Dollar amount

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. Questions?
	NC Plans Processing Center PO Box 5340 Scranton, PA 18505 Call 1-866-627-5267 for assistance.
	Plan number Who is your employer? What Department do you work in?
About	<u> </u>
You	(Please print entire employer name) (Please print entire department name) Have you recently changed employers? □ Yes □ No
	Previous Employer Name: Your email address:
	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
	Date of birth Gender Daytime telephone number
	month day year M L F L I - L I
Contribution	I wish to contribute the following from my salary per pay period:
Information	☐ Before-Tax Contribution Election.
	S (please provide whole dollars only) OR OR OR (please fill in % from 1-80%, in whole percentages)
	□ Roth After-Tax 457 Contribution Election.
	(please provide whole dollars only) OR OR (please fill in % from 1-80%, 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.

Investment Allocation (Please fill out Part I, II or Part III. Do not fill out more than one section.)	contributions in the Plan This form must be cor contributions on your be investment option. Upon investment selection. You any other fund(s) in the pl By completing one of thes invest your contribution(s) direct Prudential to autor	Please complete only one so it is default investment option appleted accurately and receive half. If a completed form is receipt of your completed en may contact Prudential Retirean. The sections, you enroll in Goal Maccording to a Goal Maker monatically rebalance your account in Goal Maker can be canceled.	ived by Prudential Retire not received, Prudential rollment form, all future coment to transfer any exist laker ®, Prudential's asset del portfolio that is based obunt according to the modern	ment before Prudential I will invest contributions ir ontributions will be allocate ing funds from the default allocation program, and your risk tolerance and tire	Retirement receives In the Plan's default and according to your investment option to In direct Prudential to the horizon. You also
Part I GoalMaker with Automatic Age Adjustment:	Choose Your Risk Tol			00	
	retirement age. To ens	atically adjusts your allocations a ure that your allocations a tirement Age is not provided,	are updated correctly ple		
	Expected Retirement Aç	e:			
Part II	GoalMaker w	thout Automatic Age Adju	ustment: GoalMaker M	odel Portfolio (check o	ne box only)
GoalMaker without Automatic Age Adju	JUHUH	Γime Horizon	Conservative	Moderate	Aggressive
By completing this I confirm that I do to take advantage of GoalMaker's Age-Adjustment Feature invest my contribution according to the mo	section, (ye 26 Pluston) of 21 to 2 16 to 2 11 to 1 15 to 10 16 to 10 16 to 10 17 to 1 18 to 10 19 to 10	ars to retirement) S Years to retirement O Years to retirement			
portfolios selected b Please refer to the		Time Horizon	Conservative	Moderate	Aggressive
Retirement Workboomore information	0 to 5 6 to 10	ars in retirement) Years in retirement Years in retirement S Years in retirement			
Part III Design your own investment allocation of your allocations do not equal 100%, Prudential will invest contributions in the Plan's default option	(Please use whole p n. I wish to allocate my Percent Cod Allocated	NC Fixed Income Fund NC Fixed Income Index NC Inflation Responsiv NC Large Cap Core Fu NC Large Cap Index Fo NC Small / Mid Cap Fu NC Small Mid Cap Index NC International Index	equal 100%.) follows: /alue Fund I x Fund e Fund und und ex Fund	in each of the availab	le investment options.

Social Security number_____

__1_0_0_% Total

Y2

NC TIPS Fund

Important information and signature is required on the following page.

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

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.

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:	
	nust make sure all your percentages in t	the secondary section total 10	
	nust make sure all your percentages in t	the secondary section total 10 Date of Birth:	
Secondary Beneficiaries – You n			
Secondary Beneficiaries – You r Full Legal Name: Address:	SSN:	Date of Birth:	
Secondary Beneficiaries – You not be Full Legal Name: Address: Relationship to you:	SSN: Telephone Number:	Date of Birth: Percentage:	
Secondary Beneficiaries – You not be seen that the seed of the see	SSN: Telephone Number:	Date of Birth: Percentage:	
Secondary Beneficiaries – You not be secondary B	Telephone Number: SSN:	Date of Birth: Percentage: Date of Birth:	
Secondary Beneficiaries – You not really Legal Name: Address: Relationship to you: Full Legal Name: Address: Relationship to you:	SSN: Telephone Number: SSN: Telephone Number:	Date of Birth: Percentage: Date of Birth: Percentage:	

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 minformation 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 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.						
This section	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						

must be completed in order to process your enrollment.

ss, ial may consist of information that Prudential Retirement may reasonably deem necessary to establish my identify. I hereby give Prudential Retirement the right to tape record the telephone conversation of any telephone instructions received by Prudential Retirement.

X	Date		
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Participant's signature