

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 Office. Please remember to include your Beneficiary Designation forms when returning this enrollment form.

Questions?

Call 1-800-458-6333
for assistance.

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

About You

Plan numbers

0 0 6 9 4 2

0 0 7 5 7 7

0 0 7 1 2 4

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

Investment Allocation

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

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

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 annually according to the model portfolio chosen. Enrollment in GoalMaker can be canceled at anytime.

Please refer to the Retirement Workbook 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.

GIA Restrictions - Investment transfers out of the GIA are subject to an annual limit. If GoalMaker transactions reach that limit, your transfers out of the GIA will stop unless you elect below to pay GIA transfer charges on all GoalMaker transactions. If transfer charges are not paid, an amount less than your full account balance will be invested under GoalMaker as described in your Plan Highlights.

I elect to incur applicable GIA Transfer Charges associated with all GoalMaker transactions.

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Investment Allocation
(continued)

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

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: 6 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)	Conservative	Moderate	Aggressive
0 to 5 Years	<input type="checkbox"/> C01	<input type="checkbox"/> M01	<input type="checkbox"/> R01
6 to 10 Years	<input type="checkbox"/> C02	<input type="checkbox"/> M02	<input type="checkbox"/> R02
11 to 15 Years	<input type="checkbox"/> C03	<input type="checkbox"/> M03	<input type="checkbox"/> R03
16 + Years	<input type="checkbox"/> C04	<input type="checkbox"/> M04	<input type="checkbox"/> R04

OR

Important information and signature required on the following page

Social Security Number _____

Investment Allocation
(continued)

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

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:

Supplemental Plan	Employee Contribution	Employer Contribution	Code	Investment Option
#006942	#007577	#007124		
_____ %	_____ %	_____ %	AB	Guaranteed Interest Account (GIA)
_____ %	_____ %	_____ %	CD	American Balanced Fund
_____ %	_____ %	_____ %	JP	DWS Small Cap Value
_____ %	_____ %	_____ %	CH	EuroPacific Growth Fund
_____ %	_____ %	_____ %	BR	Goldman Sachs Mid Cap Value
_____ %	_____ %	_____ %	CI	Growth Fund of America
_____ %	_____ %	_____ %	EF	Prudential Global Real Estate Fund
_____ %	_____ %	_____ %	ND	Prudential Global Total Return Fund
_____ %	_____ %	_____ %	GZ	Prudential Government Income Fund
_____ %	_____ %	_____ %	KA	Prudential Stock Index Fund
_____ %	_____ %	_____ %	3J	Prudential Jennison Financial Services Fund
_____ %	_____ %	_____ %	M3	Prudential Jennison Growth Fund
_____ %	_____ %	_____ %	3H	Prudential Jennison Health Sciences Fund
_____ %	_____ %	_____ %	EB	Prudential Jennison Mid Cap Growth Fund
_____ %	_____ %	_____ %	NV	Prudential Jennison Natural Resources Fund
_____ %	_____ %	_____ %	UZ	Prudential Jennison Utility Fund
_____ %	_____ %	_____ %	E3	Prudential Jennison Value Fund
_____ %	_____ %	_____ %	G2	Legg Mason ClearBridge Small Cap Growth Fund
_____ %	_____ %	_____ %	3N	MFS Value
_____ %	_____ %	_____ %	TW	Oakmark International
_____ %	_____ %	_____ %	GI	Oppenheimer Developing Markets
_____ %	_____ %	_____ %	JZ	Oppenheimer Quest Balanced Fund
_____ %	_____ %	_____ %	QZ	PIMCO Total Return Fund
_____ %	_____ %	_____ %	TN	Seligman Communication & Information
1 0 0 %	1 0 0 %	1 0 0 %	Total	

Your Authorization

I understand that upon enrollment, if my Plan allows, I will have telephone and/or internet privileges to perform transactions via Prudential's Interactive Voice Response service and Online Retirement Center.

Signature X Date _____

Social Security Number _____