

Enrollment Form

NC TEACHERS' AND EDUCATORS' 403(b) PROGRAM

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 2 2 0 0 3 Who is your employer? _____ What Department do you work in? _____
(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 403(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 F _____ area code _____

Contribution Information

I wish to contribute the following from my salary per pay period: please provide whole dollar or percentage amounts

Before-Tax Contribution Election
 _____, _____ .00 or _____ %

Roth After-Tax 403(b) Contribution Election
 _____, _____ .00 or _____ %

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 one 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 Choose Your Risk Tolerance Conservative Moderate Aggressive

GoalMaker with Automatic Age Adjustment:

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:

Part II	. GoalMaker without Automatic Age Adjustment:			
GoalMaker <i>without</i> Automatic Age Adjustment	Time Horizon (years to retirement)	Conservative	Moderate	Aggressive
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.	26 Plus Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21 to 25 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16 to 20 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11 to 15 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 to 10 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0 to 5 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Time Horizon (years in retirement)	Conservative	Moderate	Aggressive
	0 to 5 Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6 to 10 Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11 Plus Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III 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%.)

Design your own investment allocation.

I wish to allocate my contributions to the Plan as follows:

	Percent Allocated	Codes	Investment Options
If your allocations do not equal 100%, Prudential will invest contributions in the Plan's default option	<input type="text"/> %	C2	DFA US SMALL CAP I
	<input type="text"/> %	C3	METROPOLITAN WEST TOTAL RETURN
	<input type="text"/> %	EX	VANGUARD SHORT TERM BOND
	<input type="text"/> %	23	T ROWE PRICE BLUE CHIP GROWTH
	<input type="text"/> %	TQ	BAILLIE GIFFORD INT'L EQUITY FUND
	<input type="text"/> %	RT	VANGUARD TOTAL BOND INDEX
	<input type="text"/> %	RU	VANGUARD TOT STK ADMIRAL
	<input type="text"/> %	TL	PRINCIPAL DIVERSIFIED REAL ASSET FUND
	<input type="text"/> %	WU	VANGUARD EXT MARK IDX ADM
	<input type="text"/> %	W5	VANGUARD WINDSOR II ADM
	<input type="text"/> %	73	VANGUARD 500 IDX ADMIRAL
	<input type="text"/> %	P3	SHORT TERM INFLATION PROT SEC INDEX FUND
	1 0 0 %	Total	

Important information and signature is required on the following page. The signature page must be provided in order for your enrollment to be processed.

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

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 must be completed in order to process your enrollment.

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.

 X _____ Date _____

Participant's signature

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*
area code

Home phone number*
area code

Business phone number*
area code

Relationship

*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.

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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.

_____ Date _____

Participant's signature

Social Security number _____