



Contribution, GoalMaker and/or Allocation Change 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?

(Please print entire employer name)

What Department do you work in?

(Please print entire department name)

Email address: _____

Social Security number

_____ - _____ - _____

Daytime telephone number

_____ - _____ - _____
area code

First name

MI Last name

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 403(b) 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.

Prudential Retirement

Investment Allocation

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

OR

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 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:

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	<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"/>

**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 _____

Investment Allocation

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 fill out Part I, II or Part III. Do not fill out more than one section.)

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
_____ %	C2	DFA US SMALL CAP I
_____ %	C3	METROPOLITAN WEST TOTAL RETURN
_____ %	EX	VANGUARD SHORT TERM BOND
_____ %	23	T ROWE PRICE BLUE CHIP GROWTH
_____ %	TQ	BAILLIE GIFFORD INT'L EQUITY FUND
_____ %	RT	VANGUARD TOTAL BOND INDEX
_____ %	RU	VANGUARD TOT STK ADMIRAL
_____ %	TL	PRINCIPAL DIVERSIFIED REAL ASSET FUND
_____ %	WU	VANGUARD EXT MARK IDX ADM
_____ %	W5	VANGUARD WINDSOR II ADM
_____ %	73	VANGUARD 500 IDX ADMIRAL
_____ %	P3	SHORT TERM INFLATION PROT SEC INDEX FUND
1 0 0 %	Total	

OR

Your Authorization

I direct my employer to make payroll deductions as I have indicated. I understand that Prudential will rely on the information I have provided in processing my request. I further understand that I am responsible for its accuracy in the event any dispute arises with respect to the transaction.

 X _____ Date _____
Participant's signature

Social Security number _____