



**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**

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: GoalMaker Model Portfolio (check one box only)**

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

<b>Time Horizon</b> (years to retirement)	<b>Conservative</b>	<b>Moderate</b>	<b>Aggressive</b>
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"/>

  

<b>Time Horizon</b> (years in retirement)	<b>Conservative</b>	<b>Moderate</b>	<b>Aggressive</b>
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**

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

<b>Percent Allocated</b>	<b>Codes</b>	<b>Investment Options</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	YX	North Carolina Stable Value Fund
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	YU	NC Fixed Income Fund
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	YV	NC Fixed Income Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	YW	NC Inflation Responsive Fund
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	YY	NC Large Cap Core Fund
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	YM	NC Large Cap Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	YZ	NC Small / Mid Cap Fund
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	YP	NC Small Mid Cap Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	YT	NC International Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	YS	NC International Fund
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	Y2	NC TIPS Fund
<b>1 0 0 %</b>	<b>Total</b>	

Social Security number \_\_\_\_\_

**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.**

**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:

Social Security number \_\_\_\_\_

Important information and signature is required on the following page.  
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