



**Investment Allocation**

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

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

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

Please refer to the Get Started Guide 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.

**Option I – Design your own investment allocation**

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.

**Investment Allocation**  
(continued)

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

**Time Horizon**  
(years to retirement)

- 26 Plus Years to retirement
- 21 to 25 Years to retirement
- 16 to 20 Years to retirement
- 11 to 15 Years to retirement
- 6 to 10 Years to retirement
- 0 to 5 Years to retirement

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

- Conservative
- Moderate
- Aggressive

**Time Horizon**  
(years in retirement)

- 0 to 5 Years in retirement
- 6 to 10 Years in retirement
- 11 Plus Years in retirement

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

- Conservative
- Moderate
- Aggressive

**OR**

**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:

Percent	Code Investment Option	Percent	Code Investment Option
_____%	AB Guaranteed Interest Account (GIA)	_____%	WR Vanguard Institutional Index
_____%	NZ Prudential Total Return Bond Q	_____%	I7 Vanguard Total Stock Market Index
_____%	3T Vanguard Total Bond Market Index	_____%	BV Fidelity Contrafund
_____%	OA American Funds American Hi-Inc R5	_____%	66 Columbia Mid Cap Value
_____%	KY Voya Global Bond	_____%	RH American Funds Europacific Growth
_____%	M8 Vanguard Balanced Index	_____%	VS Loomis Sayles Small Cap Value
_____%	3U American Funds: Washington Mutual R5E	_____%	G2 ClearBridge Small Cap Growth
_____%	LK Vanguard Total Intl Stock Index	_____%	LC BlackRock Mid-Cap Growth Equity Portfolio Institutional Shares

Important information and signature required on the following pages

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).

(See "Instructions for Choosing your Beneficiary")

**(A) Primary Beneficiary(ies)**

\_\_\_\_\_ **FULL LEGAL NAME**  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ %  
 Social Security number \_\_\_\_\_ Percentage: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

\_\_\_\_\_ **FULL LEGAL NAME**

\_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ %  
 Social Security number \_\_\_\_\_ Percentage: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone number: \_\_\_\_\_

**Please use whole percentages - must total 100%.**

**(B) Secondary Beneficiary(ies)**

\_\_\_\_\_ **FULL LEGAL NAME**  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ %  
 Social Security number \_\_\_\_\_ Percentage: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

\_\_\_\_\_ **FULL LEGAL NAME**

\_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ %  
 Social Security number \_\_\_\_\_ Percentage: \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone number: \_\_\_\_\_

**Please use whole percentages - must total 100%.**

**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\* \_\_\_\_\_ 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.

**Important information and signature required on the following pages**

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

**Your  
Authorization**

I certify that the information above is accurate and complete. If I have chosen to contribute to the Plan, I give my employer permission to contribute a portion of my salary to the Plan according to the instruction above.

Signature **X** \_\_\_\_\_

Date 

month		day		year	

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