



NORTH CAROLINA 401(k) PLAN

GoalMaker® Election Form NC 401(k) PLAN

Instructions

Please print using blue or black ink. Complete this form only if you are enrolled in the plan. Please keep a copy for your records and send completed form to the following address or fax it to 1-570-340-4328. If faxing, please keep original for your records. Please ensure the 'Your Authorization' section is completed when you return the form.

NC 401(k) Processing Center
PO Box 5340
Scranton, PA 18505-5340

About You

Plan number 0 0 2 0 0 3 Current Employer Name: _____

Social Security number _____ Daytime telephone number _____
area code

First name _____ MI _____ Last name _____

Address _____

City _____ State _____ ZIP code _____

Date of birth _____ Sex _____ Original date employed _____
month day year M F month day year

Questions?
Call 1-866-NC401K1
for assistance.

Investment Allocation (Do not fill out more than one section.)

Fill out Part I or II. Please complete only one section.

Part I GoalMaker with Automatic Age Adjustment:

By completing this section 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 on a quarterly basis. Enrollment in GoalMaker can be canceled at anytime by changing or exchanging your investment to a selection other than GoalMaker.

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.

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 Planning Guide for more information.

Time Horizon (years until retirement)	GoalMaker Model Portfolio (check one box only)		
	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 Plus Years	<input type="checkbox"/> C04	<input type="checkbox"/> M04	<input type="checkbox"/> R04

Roth contributions are offered as a feature of the NC 401(k) Plan, however, a deferral may not be available at this time because your employer may be in the process of updating their payroll system to accommodate this feature. If you are unsure if your employer's payroll has been updated please contact a Customer Service Representative at 1-866-624-0151.

Your Authorization

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