

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.**

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 can 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.

Certain investments available within the GoalMaker models are only available while you are enrolled in GoalMaker. If you cancel GoalMaker, or initiate a transaction that results in GoalMaker cancellation, you will be asked to direct your future allocations to another investment.

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.

Investment Allocation (continued)

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

Option I - Choose GoalMaker with Age Adjustment

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.

This model assumes a retirement age of 65.

In applying particular asset allocation models to your individual situation, you should consider your other assets, income, and investments (e.g., equity in a home, Social Security benefits, individual retirement plan investments, savings accounts, and interests in other qualified and non-qualified plans) in addition to your interests in the plan.

There are other designated investment alternatives that have similar risk and return characteristics available and can be viewed in the "design your own allocation section" of this form. More information on these investment alternatives is available in the fund fact sheets included within this guide.

For informational or educational purposes only. This material is not intended as advice or recommendation about investing or managing your retirement savings. By sharing it, Prudential Retirement is not acting as your fiduciary as defined by the Department of Labor's Fiduciary rule or otherwise. If you need investment advice, please consult with a qualified professional.

Select Your Risk Tolerance **Conservative** **Moderate** **Aggressive**

Confirm Your Expected Retirement Age

Expected Retirement Age:

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.

Time Horizon
(years until retirement)

GoalMaker Model Portfolio
(check one box only)

Conservative

Moderate

Aggressive

- 16 + Years
- 11 to 15 Years
- 6 to 10 Years
- 0 to 5 Years

- C04
- C03
- C02
- C01

- M04
- M03
- M02
- M01

- R04
 - R03
 - R02
 - R01
-

Social Security Number _____

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:

Your Contributions	Your Employer's Contributions	Codes	Investment Options
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	XV	Guaranteed Income Fund*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	4P	BNY Mellon Bond Market Index Fund - Investor Shares*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	4L	Metropolitan West Total Return Bond Fund Class M*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	NL	MainStay MacKay High Yield Corporate Bond Fund Class R2
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	UA	BlackRock Strategic Income Opportunities Portfolio Investor A Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	35	Ave Maria Bond Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	P4	American Funds American Balanced Fund Class R-4
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	P3	American Funds Washington Mutual Investors Fund Class R-4*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	RV	PGIM QMA Stock Index Fund- Class A*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	GG	Knights of Columbus Large Cap Growth Fund I Class
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	W6	MFS Growth Fund Class R3*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	IA	Virtus Ceredex Mid-Cap Value Equity Fund Class I*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	5W	Voya MidCap Opportunities Fund Class I*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	H1	Delaware Small Cap Value Fund Class A*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	GJ	Knights of Columbus Small Cap Fund I Class
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	OH	JPMorgan Small Cap Growth Fund Class I*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	P5	American Funds EuroPacific Growth Fund Class R-4*
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	VB	T. Rowe Price International Discovery Fund*
1 0 0 %	1 0 0 %	Total	

*These investments are included in your plan's GoalMaker portfolios. These investments are subject to change. You will be notified in writing in advance of any such change.

Social Security Number _____

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Instructions

Please keep a copy of your records and bring the completed form to your Payroll Office to initiate your contribution update. The employer's copy should be used to adjust payroll records and then should be filed permanently. Attention: It is not necessary to return this form to Prudential.

If you are a new participant you must also complete the "Enrollment Form" before authorizing payroll reductions. Your plan administrator or payroll department will be able to furnish you with the name of a qualified enrolling representative or call our toll free number. Unless a properly completed "Enrollment Form" is received, an account cannot be established for you.

You are:

- A new participant Increasing contributions Decreasing contributions

previous amount

About You

Plan number Sub plan number (if applicable)

0 0 8 1 4 7

Social Security number

- -

Daytime telephone number

- -

area code

First name

MI Last name

Questions? Call 1-877-778-2100 for assistance.

Contribution Agreement

For the purpose of obtaining the benefits of Section 403(b) of the Internal Revenue Code, until further notice, I authorize my employer to reduce my salary by:

- Weekly Bi-Weekly Monthly

Beginning with the pay period date month day year

The amount of each salary reduction made as described above shall be transmitted to Prudential as a contribution under the above mentioned plan number issued by Prudential, the terms of which confer upon me non-forfeitable rights to the benefits provided by such contributions. This salary reduction agreement is legally binding and irrevocable with respect to amounts paid while it is in effect. The number of times I may change this agreement is subject to any restrictions in my employer's 403(b) plan.

Your Authorization

I hereby authorize my employer to make payroll deductions as I have indicated.

X Date Participant's signature

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About You
(Please print using blue or black ink.)

Plan number

0 | 0 | 8 | 1 | 4 | 7

Social Security number

| | | - | | | - | | | | |

Daytime telephone number

| | | - | | | | | - | | | | |
area code

First name

MI

Last name

| | | | | | | | | | | | | | | | | | | | | |

Address

| | | | | | | | | | | | | | | | | | | | | |

City

State

ZIP code

| | | | | | | | | | | | | | | | | - | | | | |

Date of birth

| | | | | |

month

day

year

Your Beneficiary Designation
(See "Instructions for Choosing your Beneficiary")

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).

(A) Primary Beneficiary(ies)

(B) Secondary Beneficiary(ies)

FULL LEGAL NAME

FULL LEGAL NAME

Address

Address

%

%

Social Security number

Percentage

Social Security number

Percentage

Date of birth

Relationship to you

Date of birth

Relationship to you

Telephone number

Telephone number

FULL LEGAL NAME

FULL LEGAL NAME

Address

Address

%

%

Social Security number

Percentage

Social Security number

Percentage

Date of Birth

Relationship to you

Date of Birth

Relationship to you

Telephone number

Telephone number

Please use whole percentages – must total 100%

Please use whole percentages – must total 100%

Your Authorization

Signature X

Date | | |

DID YOU REMEMBER TO:

- Sign the form
- Initial any changes
- Use whole numbers

30 Scranton Office Park
Scranton, PA 18507-1789

Instructions for Choosing Your Beneficiary

Please print using blue or black ink. Please print using blue or black ink. Keep a copy for your records and send the original form to the address above or fax it to 1-866-439-8602.

General Provisions

Any benefit will be payable upon your death will be made to the person(s) named on the attached beneficiary form. Please be careful in completing the form; be sure that your designation is accurate, clear and understandable.

- A. The terms of the plan govern the payment of any benefit.
- B. Primary beneficiary(ies). If more than one person is named, payment will be made in equal shares to the Primary beneficiary(ies) who is living at the time the benefit first becomes payable. If a percentage is indicated and a Primary beneficiary(ies) is not alive at the time the benefit first becomes payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary(ies).
- C. If there is no Primary beneficiary(ies) living at the time of the participant's death, any benefit that becomes payable will be distributed to the surviving Secondary beneficiary(ies) listed, if applicable.
- D. Payment to Secondary beneficiary(ies) will be made according to the rules of succession described under Primary beneficiary(ies) in provision B above.
- E. If no designated beneficiary(ies) is alive when payment is otherwise payable, payment will be made in accordance with the contract.
- F. If the option to purchase an annuity is available, once payments have begun, any settlement of any amount thereafter payable shall be governed by the terms of such annuity.
- G. If a Trust is named as beneficiary, any payment to the Trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received.

Examples of Beneficiary Designations

If you feel that none of the examples below fit the type of beneficiary designation you want, please send a detailed description of what you propose to Prudential.

Use the term:

- 1. **"My Living Children"** if you want all your children (born or adopted of any marriage) living at the time of payment to equally share the benefit. This will also include all such children born or adopted after you completed the form. Do not include the names of your children if you use this term.
- 2. **"My Living Trust"** if you want to designate your Living Trust. You must also give the name(s) of the Trustee(s), name(s) of the successor Trustee(s) (Trustee and Successor Trustee cannot be the participant), the date of the Trust Agreement and the address if a bank or trust company is the Trustee.
- 3. **"My Testamentary Trust"** if you want to designate the Trust in your Last Will and Testament. Do not name your Trustee.
- 4. **"My Estate"** if you want the benefit to be paid to your estate.
- 5. **"(Name), Per Stirpes"** if you want the payment(s) to be paid up to and including the second generation of descendants. For example, if a beneficiary in such class is not living when a payment is due, such payment will be made in equal shares to any living sons and daughters (born or adopted of any marriage), of such beneficiary. If there are no living sons and daughters of such beneficiary when a payment is due, payment will be made to the estate of the last to die of the participant or such beneficiary. An example of a correct designation would be Jane Doe, Per Stirpes.