

Enrollment Form Michigan Catholic Conference

Instructions

Please print using blue or black ink. Note: You should use this form if you are enrolling in the plan for the first time. Keep a copy of this form for your records and return the original to your Benefits/Human Resources Office.

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

Attention: Benefits/Human Resources Office - Please fax or send completed form to Prudential.

About	Plan number	Sub plan number													
You	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	Gender Original Date Employed	Original Date Employed												
		M F													
	month day year	month day year													
	Marital Status														
	☐ Married ☐ Sing	gle, widowed or legally divorced													
			-												
Contribution Information	_	se not to contribute to my employer-sponsored retirement plan at this time (Proceed to you ection on this form.)	ır												

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)

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.

This model also assumes portfolio assignment as default process, based on Normal Retirement Age, or age 65 if no Plan Document.

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

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.

advice, piease consult with a qualified												
Select Your Risk Tolerance	☐ Conservative	☐ Moderate	☐ Aggressive									
Confirm Your Expected Retirement Age												
Expected Retirement Age: 6 5 Yes. Please use the default Expect No. Please use as my expected.	•											
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.

Social Security Number	er

Time Horizon (years until retirement)		GoalMaker Model Portfolio (check one box only)	
	Conservative	Moderate	Aggressive
16 + Years	□ C04	□ M04	□ R04
11 to 15 Years	□ C03	□ M03	□ R03
6 to 10 Years	□ C02	□ M02	☐ R02
0 to 5 Years	□ C01	□ M01	□ R01

Option III - Design your own investment allocation

If you would like to design your own asset allocation <u>instead of</u> 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 Allocated	Codes	Investment Options
%	XV	Guaranteed Income Fund*
%	35	Ave Maria Bond
%	4P	Dreyfus Bond Market Index Inv
%	4L	Metropolitan West Total Return Bd M*
%	M6	Invesco High Yield A
%	UA	BlackRock Strategic Income Opps Inv A*
%	P4	American Funds American Balanced R4
%	P3	American Funds Washington Mutual R4*
%	7D	LKCM Aquinas Catholic Equity
%	RV	Prudential QMA Stock Index A
%	W6	MFS Growth R3*
%	IA	Virtus Ceredex Mid-Cap Value Equity I
%	36	Ave Maria Value
%	LH	Prudential Jennison Mid-Cap Growth A
%	H1	Delaware Small Cap Value A*
%	ОН	JPMorgan Small Cap Growth I*
%	СН	American Funds Europacific Growth R3*
%	LW	Invesco International Growth Y
%	VB	T. Rowe Price International Discovery*
%	00	Principal Diversified Real Asset Instl*
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.

er	Number	ecurity I	Social
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Signature	X	Date	





Salary Reduction Agreement Michigan Catholic Conference

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 as received, an account cannot be established for you.	a properly c	completed "Enr	ollment Form"
		You are: A new participant Increasing contributions	٠	Decreasing	contributions
		previous amoun	t		
About You	Social Se	8 1 4 7 0 0 0 0 1 curity number	. [Question Call 1-877-7 for assist	78-2100
	First name	e MI Last name			
Contril Agreer		For the purpose of obtaining the benefits of Section 403(b) of the list 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 sold contribution under the above mentioned plan number issued by Prome non-forfeitable rights to the benefits provided by such contribution legally binding and irrevocable with respect to amounts paid while change this agreement is subject to any restrictions in my employer.	hall be tran rudential, th tions. This s it is in effec	smitted to Pru ne terms of whi salary reductio ct. The numbe	dential as a ich confer upon on agreement is
Your Autho	rization	I hereby authorize my employer to make payroll deductions as I hav		d. Date	
		Participant's signature			





Beneficiary Designation Form Michigan Catholic Conference

About	Plan n	umber				,	Sub	o pla	n nu	mb	er																			
You (<i>Please</i>	0 0	8	1	4	7																									
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using blue or black			- [-						ar	ea co	ode																
ink.)	First name MI Last name																													
	Addres	SS								•		_										•	•	•	·					
	City														St	tate	:		ZIF	, cc	de									
																									_					
	Date o	f birth																												
			\Box																											
	month		day			year																								
Your Benefic Designa (See "Instruct	ation	I designate the following as beneficiary of my account below. Please list additional beneficiaries, along with peneded. Indicate whether the additional beneficiary(ies) (A) Primary Beneficiary(ies)												per	rcentages they are to receive on a separate page, if															
for Choo your	osing	FULL LEGAL NAME													FULL LEGAL NAME															
Benefici	ary")	Addr	Address %										%	Address									%							
		Socia	Social Security number Percentage										Social Security number						Percentage											
		Date	of bi	irth				Relationship to you							Date of birth						Relationship to you									
		Telephone number												Telephone number																
		FULI	FULL LEGAL NAME												FULL LEGAL NAME															
		Addr	ess												%	A	ddı	ress	6											%
		Socia	al Se	curit	y nı	umbe	er	_			Per	cen	tage	9		S	oci	ial S	Secu	ırity	nu	mb	er			Pe	rcer	ntag	Э	
		Date of Birth Relationship to you												ate	e of	Birt	h				R	elati	ons	hip	to yo	u				
		Telep	Telephone number										Т	Telephone number																
Please use whole percentages – must total 100%										Please use whole percentages – must total 100%																				
Your Authori	zation	Sigi	natur	re	X																_	Dai	te _							_

Ed. 02/2018

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.