CARO AUTIKI
SUPPLEMENTAL RETIREMENT PLAN

Instructions	Please print using blue or black ink. Please keep a copy for your records and send completed form to the following address or fax it to 1-866-439-8602.		
	NC Plans Processing Center PO Box 5340 Scranton, PA 18505		<i>Questions?</i> Call 1-866-627-5267 for assistance.
About	Plan number	Who is your employer?	What Department do you work in?
You	(0 0 2 0 0 3)	Please print entire employer name)	
	Have you recently changed employe		(Please print entire department name)
	Previous Employer Name:	Email address:	
	Are you a sworn Law Enforcement C	Officer? 🗆 Yes 🔲 No	
	Social Security number	Daytime telephone numbe	r
	L	L Ll · Ll] * L j
	First name	MI Last name	
	L		<u>lllll</u> l
	Address		
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	City	State	ZIP code
			LIII`LI`LI
	Date of birth	Gender Date of hire	
	month day year	I (I M (I F (I) (month day	year
Contribution	I wish to contribute the following from	n my salary per pay period :	
Information	Before-Tax Contribution Ele	ection.	
	□ \$ <u>∟</u> ,∟ OR		on i y)
	🔲 🔔 I 🖉 🛛 🛛 🛛	l in % from 1-80%, in whole percentages)	
	Roth After-Tax 401(k) Contr	ibution Election.	
	□ \$∟,∟, OR		oniy)
	D L % (please fil	in % from 1-80%, in whole percentages)	
	My annual salary is \$ provided is not in the correct format contribution in accordance with what	(dollar vs. percentage), Prudential will us	lease note that if the contribution amount e your salary information to calculate your

Ed. 5/2009 Percent & Dollar amount

Important information and signature is required on the following page. The signature page must be provided in order for your enrollment to be processed.

Prudential Retirement

Investment	Fill out Part I, II or Part III. Please co	omplete only <u>one</u> section	on.		
Allocation	By completing one of these section: Prudential to invest your contributio and time horizon. You also direct F chosen upon enrollment and on a qu	n(s) according to a Goa Prudential to automatical	Maker model portfolio t v rebalance vour accou	hat is based on your risk tolera nt according to the model port	ance tfolio
out Part I, II	Part I GoalMaker with Automatic	Age Adjustment:			
or Part III.	Choose Your Risk Tolerance	Conservative	🖾 Moderate	Aggressive	
Do not fill out more than one section.)	GoalMaker also automatically adjust age. To ensure that your allocation Expected Retirement Age is not prov Expected Retirement Age:	s are updated correctly vided, age 65 will be used	please confirm your ex	nt age and the expected retirer bected retirement age below. I	nent If an
OR	Part II GoalMaker without Autom By completing this section, I confirm Please invest my contributions accord	m that I do not want to	take advantage of Goa ios selected below.	IMaker's Age-Adjustment Feat	ture.
	Please refer to the Retirement Plann	ing Guide for more inform	nation.		
	GoalMaker without Automatic Age	Adjustment: GoalMa	ker Model Portfolio (ci	neck one box only)	
	Time Horizon	Conservative	Moderate	Aggressive	
	0 to 5 Years to retirement	🗖 C01	🗖 М01	🗖 R01	

	Conservative	MODELAC	Agglessive
0 to 5 Years to retirement	🖾 C01	🖾 мо1	🗖 R01
6 to 10 Years to retirement	🗖 C02	🗖 M02	🗖 R02
11 to 15 Years to retirement	🗖 C03	🗖 моз	🗖 R03
16 Plus Years to retirement	🗖 C04	🗖 м04	🗖 R04

OR Part III Design your own investment allocation

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:

Percent Codes Investment Options

	Allocated		
L	1%	NM	North Carolina Stable Value Fund - 401K Plan
L	/%	YA	NC Fixed Income Fund
L	%	YG	NC Large Cap Value
L	%	ΥH	NC Large Cap Index
L		YF	NC Large Cap Growth
L	1 1 1%	ΥE	NC Small Mid Cap Value
t		YD	NC Small Mid Cap Index
t		YΒ	NC Small Mid Cap Growth
1		YI	NC International Index
ł	<u> </u>	YC	NC International
ł	%	ΥJ	NC Global Equity

1,0,0,% Total

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.

Your Authorization	I direct my employer to make payroll deductions as I have indicated. I understand that upon enrollment, I will have telephone and/or internet privileges to perform transactions via Prudential's Interactive Voice Response service and Online Retirement Center.
This section must be completed in order to	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 identify. I hereby give Prudential Retirement the right to tape record the telephone conversation of any telephone instructions received by Prudential Retirement.
process your enrollment.	X Date
	Participant's signature

Social Security Number_