

Investment Allocation

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

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

By completing one of these sections 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 upon enrollment and on a quarterly basis. Enrollment in GoalMaker can be canceled or changed at anytime.

Part I GoalMaker with Automatic Age Adjustment:

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. If an Expected Retirement Age is not provided, age 65 will be used.

Expected Retirement Age:

OR

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 Workbook for more information.

GoalMaker without Automatic Age Adjustment:

GoalMaker Model Portfolio (check one box only)

Time Horizon (years to retirement)	Conservative	Moderate	Aggressive
26 Plus Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 to 25 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 to 20 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 to 15 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to 10 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 to 5 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time Horizon (years in retirement)	Conservative	Moderate	Aggressive
0 to 5 Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to 10 Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Plus Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Social Security number _____

Investment Allocation

**(Please fill out Part I, II or Part III. Do not fill out more than one section.)
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 Allocated	Codes	Investment Options
_____%	YX	North Carolina Stable Value Fund
_____%	YU	NC Fixed Income Fund
_____%	YV	NC Fixed Income Index Fund
_____%	YW	NC Inflation Responsive Fund
_____%	YY	NC Large Cap Core Fund
_____%	YM	NC Large Cap Index Fund
_____%	YZ	NC Small / Mid Cap Core Fund
_____%	YP	NC Small Mid Cap Index Fund
_____%	YT	NC International Index Fund
_____%	YS	NC International Fund
_____%	Y2	NC TIPS Fund
1 0 0 %	Total	

If you would like to make a change to how the existing money is invested in your account, please log into your account on www.ncplans.prudential.com or contact us at 1-866-627-5267.

Your Authorization

I direct my employer to make payroll deductions as I have indicated. I understand that Prudential will rely on the information I have provided in processing my request. I further understand that I am responsible for its accuracy in the event any dispute arises with respect to the transaction.

 X _____ Date | |
Participant's signature

Social Security number _____