



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.

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

About You

Plan number

1 1 1 4 7 3

Social Security number

Daytime telephone number

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

First name

MI

Last name

Address

City

State

ZIP code

Date of birth

Gender

Original date employed

month day year M F month day year

Marital status: Married Not married

Amount to be Deferred

I wish to contribute \$ _____ of my salary each pay period.

Investment Allocation

Please use whole percentages. The total must equal 100%.

Percent Allocated	Codes	Investment Options
_____ %	XV	Guaranteed Income Fund
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 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 Retirement to transfer any existing funds from the default investment option.

Your Authorization

I certify that the information above is accurate and complete. If I have chosen to contribute to the Plan, I give my employer permission to contribute a portion of my salary to the Plan according to the instructions above.

Signature X _____

Date _____