

**Instructions**

Please print using blue or black ink. 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 form to:

Prudential
30 Scranton Office Park
Scranton, PA 18507-1789

Questions?

Call (800) 458-6333
for assistance.

**About
You**

Plan number

0 0 5 1 2 9

Social Security number

Daytime telephone number

area code

First name

MI

Last name

Address

City

State

ZIP code

Date of birth

Sex

Original date employed

<input type="checkbox"/> month	<input type="checkbox"/> day	<input type="checkbox"/> year	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> month	<input type="checkbox"/> day	<input type="checkbox"/> year
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**Investment
Allocation
(Please fill
out Part I or
Part II. Do
not fill out
both
sections)****Fill out part I or part II. Do not fill out both sections.****Part I Selection of model portfolio**

By completion of part I you enroll in GoalMakerSM, Prudential's asset allocation program, and you direct Prudential to invest your current account balance and future contributions according to the GoalMakerSM model portfolio you select below. Restrictions under your employer's plan, as described in your Plan Highlights, may prevent your full account balance from being invested according to GoalMakerSM.

Time Horizon
(years until retirement)**GoalMakerSM Model Portfolio (check one box only)**

0 to 5 Years

Conservative

Moderate

Aggressive

 C01 M01 R01

6 to 10 Years

 C02 M02 R02

11 to 15 Years

 C03 M03 R03

16 Plus Years

 C04 M04 R04

By enrolling in GoalMakerSM and selecting a GoalMakerSM model portfolio, you direct Prudential to automatically rebalance your account according to the model portfolio chosen on a semi-annual basis.

Please read your Plan Highlights for more information on rebalancing before completing part I.

OR

Part II Design your own investment allocation

If you would like to design your own asset allocation instead of selecting a GoalMakerSM model portfolio under part I, 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% in each column.)

I wish to allocate my contributions to the plan as follows:

Your Contributions	Your Employer's Contributions	Codes	Investment Options
_____ %	_____ %	G6	American Balanced Fund
_____ %	_____ %	WY	Ariel Appreciation Fund
_____ %	_____ %	MB	Capital Growth Account (VCA-10)
_____ %	_____ %	HB	Conservative Balanced Account (VCA-24)
_____ %	_____ %	GB	Diversified Bond Account (VCA-24)
_____ %	_____ %	MG	Equity Account (VCA-24)
_____ %	_____ %	KT	EuroPacific Growth
_____ %	_____ %	H3	Flexible Managed Account (VCA-24)
_____ %	_____ %	PB	Global Account (VCA-24)
_____ %	_____ %	GC	Government Income Account (VCA-24)
_____ %	_____ %	XE	Growth Fund of America
_____ %	_____ %	AB	Guaranteed Interest Account (GIA)
_____ %	_____ %	CC	Money Market Account (VCA-11)
_____ %	_____ %	QZ	PIMCO Total Return
_____ %	_____ %	PC	Prudential Jennison Equity Opportunity Fund
_____ %	_____ %	KA	Prudential Stock Index Fund
_____ %	_____ %	LH	Prudential U.S. Emerging Growth Fund
_____ %	_____ %	KB	Stock Index Account (VCA-24)
_____ %	_____ %	GJ	Van Kampen Comstock Fund
1 0 0 %	1 0 0 %	Total	

This form 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 investment option.

Your Authorization

I understand that upon enrollment, I will automatically have telephone privileges to perform transactions via Prudential's Interactive Voice Response services. I can elect to decline these privileges by submitting a Telephone Privilege Declination Form, which can be obtained by calling Prudential's toll-free number at (800) 458-6333.

Signature X

Date _____

**About
You**

*(Please print
using blue or
black ink.)*

Plan number _____ Sub plan number _____
 Social Security number _____ Daytime telephone number _____

area code
 First name _____ MI _____ Last name _____

 Address _____

 City _____ State _____ ZIP code _____

**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.

(A) Primary Beneficiary(ies)

FULL LEGAL NAME _____
 Address _____
 Social Security number _____ Percentage %
 Date of birth _____ My Relationship _____
 FULL LEGAL NAME _____
 Address _____
 Social Security number _____ Percentage %
 Date of birth _____ My Relationship _____
 FULL LEGAL NAME _____
 Address _____
 Social Security number _____ Percentage %
 Date of birth _____ My Relationship _____

Please use whole percentages - must total 100%.

(B) Secondary Beneficiary(ies)

FULL LEGAL NAME _____
 Address _____
 Social Security number _____ Percentage %
 Date of birth _____ My Relationship _____
 FULL LEGAL NAME _____
 Address _____
 Social Security number _____ Percentage %
 Date of birth _____ My Relationship _____
 FULL LEGAL NAME _____
 Address _____
 Social Security number _____ Percentage %
 Date of birth _____ My Relationship _____

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



Instructions For Choosing Your Beneficiary

Please print using blue or black ink. Keep a copy for your records and send the original form to the address above.

General Provisions

Any benefit that 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 contract 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. Once annuity 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. **"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.