

Contribution, GoalMaker and/or Allocation Change Form

NC 401(k) PLAN

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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

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Call 1-866-627-5267 for assistance.

	Scranton, PA	A 18505							
About	Plan number		Who is you	employer?	What Department do you work in?				
You	$\lfloor 0 \rfloor 0 \rfloor 2$	<u> </u>							
			(Please print entire employer name)		(Please print entire department name)				
	Email address:								
	Social Securi	ty number		Daytime telephone n	umber				
	area code								
	First name		N	/II Last name					
Contribution	I wish to contribute the following from my salary per pay period :								
Information	☐ Before-Tax Contribution Election.								
	□ \$,, .00 (please provide whole dollars only)								
	OR								
		% (please	e fill in % from 1	-80%, in whole percent	ages)				
	□ Roth After-Tax 401(k) Contribution Election.								
		\$, OR	00	(please provide whole	dollars only)				
		L % (please	e fill in % from 1	-80%, in whole percent	ages)				
	My annual salary is \$ My pay frequency is Please note that if the contribution amount provided is not in the correct format (dollar vs. percentage), Empower will use your salary information to calculate your contribution in accordance with what your payroll requires.								

Investment	Fill out Part I, II or Part III. Please complete only <u>one</u> section.							
Allocation (Please fill out Part I, II or Part III.	By completing one of these sections you enroll in GoalMaker [®] , Empower's asset allocation program, and you direct Empower to invest your contribution(s) according to a GoalMaker model portfolio that is based on your risk tolerance and time horizon. You also direct Empower 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.							
Do not fill out more	Part I GoalMaker with Automatic	Part I GoalMaker with Automatic Age Adjustment:						
than one section.)	Choose Your Risk Tolerance	☐ Conservative	☐ Moderate	☐ Aggressive				
OR	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:	J						
	Part II GoalMaker without Autom By completing this section, I confirm Please invest my contributions according	n that I do not want to		aker's Age-Adjustment Feature.				
	Please refer to the Retirement Workbook for more information. GoalMaker without Automatic Age Adjustment:							
	Time Horizon	GoalMa Conservative	ker Model Portfolio (chec Moderate	Aggressive				
	(years to retirement) 26 Plus Years to retirement 21 to 25 Years to retirement 16 to 20 Years to retirement 11 to 15 Years to retirement 6 to 10 Years to retirement 0 to 5 Years to retirement							
	Time Horizon	Conservative	Moderate	Aggressive				
	(years in retirement) 0 to 5 Years in retirement 6 to 10 Years in retirement 11 Plus Years in retirement							
Social Security numl	ber	Important inform	nation and signature is re	quired on the following page.				

(Please fill out Part I, II **Codes Investment Options** Percent or Part III. **Allocated** Do not fill North Carolina Stable Value Fund ______% YΧ out more ______% YU NC Fixed Income Fund than one ΥV NC Fixed Income Index Fund ______% section.) YW NC Inflation Responsive Fund ______% OR YY NC Large Cap Core Fund ΥM NC Large Cap Index Fund L_____% NC Small Mid Cap Core Fund YΖ ΥP NC Small Mid Cap Index Fund ______% YT NC International Index Fund YS NC International Fund ______% NC Treasury Inflation Protected Securities Fund Y2 , 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 myNCPlans.com or contact us at 1-866-627-5267. Your I direct my employer to make payroll deductions as I have indicated. I understand that Empower will rely on the information I have provided in processing my request. I further understand that I am responsible for its accuracy in the **Authorization** event any dispute arises with respect to the transaction. Date Participant's signature

Please designate the percentage of your contribution to be invested in each of the available investment options.

Part III Design your own investment allocation

(Please use whole percentages. The total must equal 100%.) I wish to allocate my contributions to the Plan as follows:

Investment

Allocation

Social Security number_