

Option I or Option II must be completed accurately, otherwise your investment allocation will be placed in GoalMaker with age adjustment.

Certain investments available within the GoalMaker models are only available while you are enrolled in GoalMaker. If you cancel GoalMaker, or initiate a transaction that results in GoalMaker cancellation, you will be asked to direct your future allocations to another investment.

Option III 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 option.

Investment Allocation
(continued)

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

Option I - Choose GoalMaker with Age Adjustment

By selecting your risk tolerance, and confirming your expected retirement age below, your contributions will be automatically invested in a GoalMaker model portfolio that is based on your risk tolerance and years left until retirement. You also confirm your participation in GoalMaker's age adjustment feature, which adjusts your allocations over time based on your years left until retirement.

In applying particular asset allocation models to your individual situation, you should consider your other assets, income, and investments (e.g., equity in a home, Social Security benefits, individual retirement plan investments, savings accounts, and interests in other qualified and non-qualified plans) in addition to your interests in the plan.

There are other designated investment alternatives that have similar risk and return characteristics available and can be viewed in the "design your own allocation section" of this form. More information on these investment alternatives is available in the fund fact sheets included within this guide.

For informational or educational purposes only. This material is not intended as advice or recommendation about investing or managing your retirement savings. By sharing it, Prudential Retirement is not acting as your fiduciary as defined by the Department of Labor's Fiduciary rule or otherwise. If you need investment advice, please consult with a qualified professional.

Select Your Risk Tolerance Conservative Moderate Aggressive

Confirm Your Expected Retirement Age

Expected Retirement Age:

Yes. Please use the default Expected Retirement Age listed above

No. Please use as my expected retirement age.

OR

Option II - Choose GoalMaker without Age Adjustment

I do not want to take advantage of GoalMaker's age adjustment feature. Please invest my contributions according to the model portfolios selected below.

Time Horizon (years until retirement)	GoalMaker Model Portfolio (check one box only)		
	Conservative	Moderate	Aggressive
16 + Years	<input type="checkbox"/> C04	<input type="checkbox"/> M04	<input type="checkbox"/> R04
11 to 15 Years	<input type="checkbox"/> C03	<input type="checkbox"/> M03	<input type="checkbox"/> R03
6 to 10 Years	<input type="checkbox"/> C02	<input type="checkbox"/> M02	<input type="checkbox"/> R02
0 to 5 Years	<input type="checkbox"/> C01	<input type="checkbox"/> M01	<input type="checkbox"/> R01

Social Security Number _____

Option III - Design your own investment allocation

If you would like to design your own asset allocation instead of selecting GoalMaker, designate the percentage of your contribution to be invested in each of the available investment options. (Please use whole percentages. The column(s) must total 100%.)

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

Your Contributions	Your Employer's Contributions	Codes	Investment Options
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	XV	Guaranteed Income Fund*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	3T	Vanguard Total Bond Market Index Fund Institutional Shares*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	4L	Metropolitan West Total Return Bond Fund Class M*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	NL	MainStay MacKay High Yield Corporate Bond Fund Class R2
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	UA	BlackRock Strategic Income Opportunities Portfolio Investor A Shares
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	35	Ave Maria Bond Fund
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	P4	American Funds American Balanced Fund Class R-4
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	P3	American Funds Washington Mutual Investors Fund Class R-4*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	KU	Vanguard Institutional Index Fund Institutional Shares*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	GG	Knights of Columbus Large Cap Growth Fund I Class
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	W6	MFS Growth Fund Class R3*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	IA	Virtus Ceredex Mid-Cap Value Equity Fund Class I*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	5W	Voya MidCap Opportunities Fund Class I*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	H1	Delaware Small Cap Value Fund Class A*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	GJ	Knights of Columbus Small Cap Fund I Class
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	72	Vanguard Small-Cap Index Fund Admiral Shares*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	OH	JPMorgan Small Cap Growth Fund Class I*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	RU	Vanguard Total International Stock Index Fund Admiral Shares*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	P5	American Funds EuroPacific Growth Fund Class R-4*
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	VB	T. Rowe Price International Discovery Fund*

1 0 0 %

1 0 0 %

Total

*These investments are included in your plan's GoalMaker portfolios. These investments are subject to change. You will be notified in writing in advance of any such change.

Trusted Contact

You may, but are not required to, name a trusted contact person who is intended to be a resource that could assist Prudential in the event of suspected financial exploitation. If designating a trusted contact below, please provide as much information as possible to assist Prudential in reaching the trusted contact, if needed.

First Name MI Last Name

Address

City State Zip code

Email address

Cell phone number* Home phone number*
area code area code

Business phone number* Relationship
area code

*At least one phone number is required.

By choosing to provide information about a trusted contact, you authorize Prudential and its affiliated broker-dealer, Prudential Investment Management Services LLC, to contact the trusted contact listed above and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Please note that if you have other accounts with Prudential Retirement, the trusted contact named above will apply to each of your accounts.

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

Social Security Number



Instructions

Please keep a copy of your records and bring the completed form to your Payroll Office to initiate your contribution update. The employer's copy should be used to adjust payroll records and then should be filed permanently.
Attention: It is not necessary to return this form to Prudential.

If you are a new *participant* you must also complete the "Enrollment Form" before authorizing payroll reductions. Your plan administrator or payroll department will be able to furnish you with the name of a qualified enrolling representative or call our toll free number. Unless a properly completed "Enrollment Form" is received, an account cannot be established for you.

You are:

- A new participant Increasing contributions Decreasing contributions

_____ *previous amount*

About You

Plan number

| 0 | 0 | 8 | 1 | 4 | 7 |

Sub plan number (if applicable)

| 0 | 0 | 0 | 0 | 0 | 1 |

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

Social Security number

| | | | - | | | - | | | | |

Daytime telephone number

| | | | - | | | | | - | | | | |
area code

First name

| | | | | | | | | | | | | | | | | |

MI Last name

| | | | | | | | | | | | | | | | | | | | | | | |

Contribution Agreement

For the purpose of obtaining the benefits of Section 403(b) of the Internal Revenue Code, until further notice, I authorize my employer to reduce my salary by:

Before-Tax Contribution Election. I wish to contribute \$ | | | | , | | | | .00 OR | | | | % of my salary (please fill in % in whole percentages) per pay period.

Roth Contribution Election. I wish to contribute \$ | | | | , | | | | .00 OR | | | | % of my compensation per pay period on a Roth (post-tax) basis.

Weekly Bi-Weekly Monthly

Beginning with the pay period date | | | | | | | | | | | |
month day year

The amount of each salary reduction made as described above shall be transmitted to Prudential as a contribution under the above mentioned plan number issued by Prudential, the terms of which confer upon me non-forfeitable rights to the benefits provided by such contributions. This salary reduction agreement is legally binding and irrevocable with respect to amounts paid while it is in effect. The number of times I may change this agreement is subject to any restrictions in my employer's 403(b) plan.

Your Authorization

I hereby authorize my employer to make payroll deductions as I have indicated.

X _____ *Date* | | | |
Participant's signature

This page is intentionally left blank.



**Beneficiary Designation Form
Michigan Catholic Conference**

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 -

Date of birth

month day year

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. Please list additional beneficiaries, along with percentages they are to receive on a separate page, if needed. Indicate whether the additional beneficiary(ies) is/are primary or secondary beneficiary(ies).

(A) Primary Beneficiary(ies)

FULL LEGAL NAME

Address %

Social Security number Percentage

Date of birth Relationship to you

Telephone number

FULL LEGAL NAME

Address %

Social Security number Percentage

Date of Birth Relationship to you

Telephone number

(B) Secondary Beneficiary(ies)

FULL LEGAL NAME

Address %

Social Security number Percentage

Date of birth Relationship to you

Telephone number

FULL LEGAL NAME

Address %

Social Security number Percentage

Date of Birth Relationship to you

Telephone number

Please use whole percentages – must total 100%

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

30 Scranton Office Park
Scranton, PA 18507-1789

Instructions for Choosing Your Beneficiary

Please print using blue or black ink. Please print using blue or black ink. Keep a copy for your records and send the original form to the address above or fax it to 1-866-439-8602.

General Provisions

Any benefit 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 plan 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. If the option to purchase an annuity is available, once 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. **"(Name), 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. An example of a correct designation would be Jane Doe, Per Stirpes.