



# Enrollment Form Deferred Compensation Plan for Employees of the County of Onondaga

**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.

**Questions?**  
Call 1-800-833-5761  
for assistance.

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

## About You

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       Gender  M  F Original Date Employed        
month day year month day year

Marital Status  
 Married  Single, widowed or legally divorced

**Amount to be Deferred**  **Before-Tax Contribution Election.** I wish to contribute    % (1% to 100% in whole percentages) of my salary per pay period.

**Decline.** I choose not to contribute to my employer-sponsored retirement plan at this time (Proceed to your Authorization section on this form.)

**Investment Allocation**

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

Fill out Option I, Option II or Option III. **Please complete only one.**

By completion of Option I or Option II 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 can also direct Prudential to automatically rebalance your account quarterly according to the model portfolio chosen. Enrollment in GoalMaker can be canceled at anytime.

Please refer to the Get Started Guide for more information on rebalancing and age adjustment.

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.

Morningstar uses a holistic, total wealth approach steeped in research that considers an investor's unique risk preferences and risk capacity to map an investor to the most appropriate overall stock and bond mix in weights represent the optimal combination of "accumulation-orientated" characteristics vs. given the unique profile of the investor.

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
- 11 to 15 Years
- 6 to 10 Years
- 0 to 5 Years

- C04
- C03
- C02
- C01

- M04
- M03
- M02
- M01

- R04
  - R03
  - R02
  - 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:

Percent Allocated	Codes	Investment Options
<input type="text"/> <input type="text"/> <input type="text"/> %	XV	Guaranteed Income Fund*
<input type="text"/> <input type="text"/> <input type="text"/> %	GY	PGIM Government Income Fund- Class A*
<input type="text"/> <input type="text"/> <input type="text"/> %	B8	Goldman Sachs Core Fixed Income Fund Class A
<input type="text"/> <input type="text"/> <input type="text"/> %	EE	American Funds American High-Income Trust Class R-3
<input type="text"/> <input type="text"/> <input type="text"/> %	DM	Invesco Equity and Income Fund Class R
<input type="text"/> <input type="text"/> <input type="text"/> %	E2	PGIM Jennison Value Fund- Class A*
<input type="text"/> <input type="text"/> <input type="text"/> %	CG	American Funds Washington Mutual Investors Fund Class R-3
<input type="text"/> <input type="text"/> <input type="text"/> %	CI	American Funds The Growth Fund of America Class R-3*
<input type="text"/> <input type="text"/> <input type="text"/> %	TR	Invesco Oppenheimer Capital Appreciation Fund Class A
<input type="text"/> <input type="text"/> <input type="text"/> %	4L	Lord Abbett Mid Cap Stock Fund Class A*
<input type="text"/> <input type="text"/> <input type="text"/> %	LH	PGIM Jennison Mid-Cap Growth Fund- Class A*
<input type="text"/> <input type="text"/> <input type="text"/> %	LT	Goldman Sachs Small Cap Value Fund Class A
<input type="text"/> <input type="text"/> <input type="text"/> %	G2	ClearBridge Small Cap Growth Fund Class A
<input type="text"/> <input type="text"/> <input type="text"/> %	E4	AB International Value Fund Class A*
<input type="text"/> <input type="text"/> <input type="text"/> %	GA	Thornburg International Value Fund Class A
<b>1</b> <b>0</b> <b>0</b> %	<b>Total</b>	

\*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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Email address		
<input type="text"/>		
Cell phone number*	Home phone number*	
<input type="text"/> <small>area code</small>	<input type="text"/>	<input type="text"/> <small>area code</small>
Business phone number*	Relationship	
<input type="text"/> <small>area code</small>	<input type="text"/>	

\*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 \_\_\_\_\_

**This page is intentionally left blank.**

### About You

(Please print using blue or black ink.)

Plan number

0	0	2	4	5	6
---	---	---	---	---	---

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 

--

 / 

--

 / 

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**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.** Please print using blue or black ink. Keep a copy for your records and send the original form to your benefits/human resources office.

### 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.



**Instructions**

- Complete this form in its entirety.
- Gather the appropriate documentation as requested in the 'Required Information' section of this form.
- Mail or fax this completed form and documentation as instructed below.
- Contact your previous recordkeeper or plan sponsor to initiate a disbursement from your previous account to Prudential.

**Form and  
Check  
Direction**

You should use this form if you want to roll over eligible money to your current account with Prudential. You should contact your current plan administrator to confirm acceptance. **Please complete using blue or black ink.**

Keep a copy of this form for your records and bring the original to your benefits/human resources office. This form must be signed by the current plan administrator or an authorized plan representative. The benefits/human resources office will be responsible for submitting the form to Prudential. All checks, whether sent by you or your prior employer's plan, should be payable to 'Prudential for the benefit of (participant's name)' and should also include the last 4 digits of the individuals social security number. **Any check should be mailed to:**

**Prudential**  
30 Scranton Office Park  
Scranton PA 18507-1789

**For Assistance**  
Call 1-800-833-5761  
Say "consolidate"

**Note:** Receipt of the completed form is required within 30 days of the receipt of check. Failure to send us the completed form may cause the check to be returned.

**About  
You**

To ensure proper and timely processing, please complete all fields below.

Prudential Plan number	Sub plan number (if applicable)	
<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Social Security number	Daytime telephone number	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	<small>area code</small>	
First name	MI	Last name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
City	State	Zip code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Date of birth	Gender	Original Date Employed
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<small>month</small>		<small>month</small>
<small>day</small>		<small>day</small>
<small>year</small>		<small>year</small>



**Minimum Distribution Information**

I understand that if I am age 70 1/2 or older, the distributing provider is required to process the Required Minimum Distribution before these funds are rolled over to Prudential. I further understand that I need to direct the prior provider to distribute my Required Minimum Distribution prior to processing this rollover.

**Disclosures**

If your transaction includes **after-tax dollars and/or Roth contributions**, your current provider or custodian needs to provide the amount of the **after-tax dollars and/or Roth contributions** along with the check, otherwise the entire amount will be applied as before-tax. Not all plans accept rollovers/transfers of **after-tax and/or Roth**. \*For Roth rollover contributions, a letter from the prior plan's administrator that provides (1) the amount of Roth contributions (basis) being rolled over, and (2) your "Roth Start Date." If Prudential does not receive your Roth start date or year, we will default it to current day.

**Your Authorization**

I, the Plan participant, certify that all information on this form is accurate. I also certify that this transaction was distributed from a plan intended to satisfy the requirements of I.R.C. § 401(a), 403(a), 403(b), 457 (governmental only), or an IRA established pursuant to IRC § 408 and, which to the best of my knowledge, does satisfy them.

I additionally certify that this distribution can be rolled over into my account with Prudential because it:

- 1) is not one of a series of substantially equal periodic payments (not less frequently than annually) distributed over my life or life expectancy (or the joint lives [or joint life expectancies] of me and my beneficiary) or over a period equal to or greater than 10 years,
- 2) was received by me not more than 60 days before the date of the rollover to the Plan,
- 3) would be includible in gross income if not rolled over in its entirety, unless after-tax or Roth contributions, which have been previously taxed.
- 4) does not represent a Required Minimum Distribution, a hardship distribution, or a corrective distribution (for example: corrections of elective deferrals or elective contributions, etc.), and
- 5) was distributed to me as an employee (not as a beneficiary) or as a surviving spouse.

Please note that if you live in one of these states (**Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Florida, Hawaii, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, or Wisconsin**), the following question must be answered. Failure to answer this question will result in processing delays of your transaction.

Was this transaction directly solicited by a selling agent?  No  Yes (If "Yes" is checked, please ensure that the Agent Authorization section below is completed by the selling agent. Failure to do so will result in processing delays of your payment. Please note direct solicitation took place if the selling agent "initiated" contact with you via phone call, in person, or a direct mailing. A group educational or group enrollment meeting would not constitute direct solicitation unless an agent initiated individual contact with you or you initiated individual contact with an agent to discuss investment options offered by more than one provider.)

X

Date

Participant's/Account Owner's signature

**Agent  
Authorization**

To be completed by the selling agent ONLY if the participant resides in one of the states listed in the 'Your Authorization' section of this form

- Was this transaction obtained by means of direct solicitation?  No  Yes
- Are there two or more insurers that plan participants may choose from?  No  Yes
- Is the policy funded solely by employee contributions?  No  Yes
- Is one annuity product being replaced by another annuity product?  No  Yes

If you responded "NO" to any one of the four preceding questions, no further action is required. Please sign and date below. If you responded "YES" to all four questions, YOU MUST READ AND COMPLY WITH THE STEPS BELOW.

By authorizing below, the selling agent is certifying to the following producer responsibilities:

1. I have required the applicant to complete and sign the form which includes a statement indicating that the applicant has existing policies that are being replaced.
2. I have read the Replacement Notice aloud to the applicant (applicant can waive this requirement listed as item 3 on the Replacement Notice.)
3. The form and the Replacement Notice have been completed listing all existing policies proposed to be replaced, as well as policy numbers (if available), whether each policy will be replaced or whether a policy will be used as a source of financing for the new policy.
4. I represent that I provided the applicant with sales materials approved by Prudential only and have not provided any individualized or independently prepared sales materials not previously approved by Prudential.
5. Copies of the signed form, the completed Replacement Notice and all sales materials provided to the applicant accompany this application.

Please note: Failure to complete ALL required information and provide copies of required information will delay the processing of the applicant's funds. Please authorize and date below.

X \_\_\_\_\_ Date \_\_\_\_\_  
*Selling Agent's signature*

**Your  
Plan  
Authorization**

I, the Plan Administrator, conclude this contribution is a valid rollover contribution the source of which is a plan intended to satisfy the requirements of I.R.C. § 401(a), 403(a), 403(b), 457 (governmental only), or an IRA established pursuant to IRC § 408 and, which to the best of my knowledge, does satisfy them.

I have received notification from the administrator of the distributing plan or funding agency stating that:

- 1) the plan or IRA satisfies Code Sections above; OR
- 2) the plan or IRA is intended to satisfy Code Sections above and that the administrator is not aware of any provision or operation that would result in its disqualification.

X \_\_\_\_\_ Date \_\_\_\_\_  
*Plan's Administrator's or Authorized Plan Representative's Signature*

This completed form should be mailed to the following address or faxed to 1-866-439-8602.

**Prudential**  
30 Scranton Office Park  
Scranton PA 18507-1789

Social Security Number \_\_\_\_\_