



Enrollment Form Charles County Board of Education 403(b) Plan

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 1-877-778-2100
for assistance.

Attention: Benefits - Please fax or send completed form to Prudential.
1-866-439-8602

About You

Plan number

| 9 | 8 | 0 | 1 | 4 | 0 |

Sub plan number

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

Social Security number

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

Daytime telephone number

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

First name

| | | | | | | | | |

MI

| |

Last name

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

Address

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

City

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

State

| | |

ZIP code

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

Date of birth

| | | | | | | | | |
month day year

Gender

| | M | | F

Original Date Employed

| | | | | | | | | |
month day year

Marital Status

Married

Single, widowed or legally divorced

Contribution Information

Before-Tax Contribution Election. I wish to contribute % (0% 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

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"/> %	UC	JPMorgan Core Plus Bond Fund Class R6
<input type="text"/> <input type="text"/> <input type="text"/> %	C0	American Funds 2010 Target Date Retirement Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	C1	American Funds 2015 Target Date Retirement Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	C2	American Funds 2020 Target Date Retirement Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	C3	American Funds 2025 Target Date Retirement Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	C4	American Funds 2030 Target Date Retirement Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	C5	American Funds 2035 Target Date Retirement Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	C6	American Funds 2040 Target Date Retirement Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	C7	American Funds 2045 Target Date Retirement Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	C8	American Funds 2050 Target Date Retirement Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	C9	American Funds 2055 Target Date Retirement Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	JF	American Funds 2060 Target Date Retirement Fund Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	SA	JPMorgan Equity Income Fund Class R6
<input type="text"/> <input type="text"/> <input type="text"/> %	73	Vanguard 500 Index Fund Admiral Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	R5	Vanguard Growth Index Fund Admiral Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	Z2	Vanguard Mid-Cap Value Index Fund Admiral Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	HQ	Lord Abbett Value Opportunities Fund Class R6
<input type="text"/> <input type="text"/> <input type="text"/> %	MA	Janus Henderson Enterprise Fund Class N
<input type="text"/> <input type="text"/> <input type="text"/> %	53	T. Rowe Price New Horizons Fund I Class
<input type="text"/> <input type="text"/> <input type="text"/> %	YY	Vanguard Small Cap Value Index Fund Admiral Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	54	Gabelli Small Cap Growth Fund Class I
<input type="text"/> <input type="text"/> <input type="text"/> %	K8	American Funds EuroPacific Growth Fund Class R-6

Social Security Number _____

| | | | %

PB

Oppenheimer Developing Markets Fund Class I

1 | **0** | **0** | %

Total

This form must be completed accurately and received by Prudential before Prudential 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 to transfer any existing funds from the default investment option.

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