

Investment Allocation

Please use whole percentages. The total must equal 100%.

Percent Allocated	Codes	Investment Options
_____ %	SM	SFDCP Stable Value Fund
_____ %	11	SFDCP Bond Index Fund
_____ %	D1	SFDCP Core Bond Fund
_____ %	E6	SFDCP Target Date Retirement Fund
_____ %	E9	SFDCP Target Date 2020 Fund
_____ %	EM	SFDCP Target Date 2025 Fund
_____ %	EN	SFDCP Target Date 2030 Fund
_____ %	EO	SFDCP Target Date 2035 Fund
_____ %	EP	SFDCP Target Date 2040 Fund
_____ %	EQ	SFDCP Target Date 2045 Fund
_____ %	ER	SFDCP Target Date 2050 Fund
_____ %	ES	SFDCP Target Date 2055 Fund
_____ %	D3	SFDCP Large Cap Value Equity Fund
_____ %	D2	SFDCP Large Cap Equity - S&P 500 Index Fund
_____ %	EH	SFDCP Large Cap Social Equity Fund
_____ %	EG	SFDCP Large Cap Growth Equity Fund
_____ %	D7	SFDCP Active Equity Fund
_____ %	17	SFDCP Small-Mid Cap Equity Index Fund
_____ %	15	SFDCP Small-Mid Cap Equity Fund
_____ %	12	SFDCP International Equity Index Fund
_____ %	E4	SFDCP International Equity Fund
_____ %	E3	SFDCP Real Estate Fund
1 0 0 %	Total	

This form must be completed accurately and received by Prudential Retirement **before** Prudential Retirement receives contributions on your behalf. If a completed form is not received, Prudential will invest contributions in the Target Date Fund based on your birth year, age and projected retirement date at age 62. Upon receipt of your completed enrollment form, **all future** contributions will be allocated according to your investment selection. You must contact Prudential Retirement at 1-888-733-2748 or go online at www.sfdcp.org to transfer any **existing** funds from the default investment option.

 X _____ Date _____

Participant's Signature

Social Security number _____



Participant's Name (print): _____

Your Beneficiary Designation

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 _____

City _____ State _____ ZIP code _____

Social Security number _____ Percentage _____ %

Date of birth _____ My Relationship _____

Telephone number _____

FULL LEGAL NAME _____

Address _____

City _____ State _____ ZIP code _____

Social Security number _____ Percentage _____ %

Date of birth _____ My Relationship _____

Telephone number _____

FULL LEGAL NAME _____

Address _____

City _____ State _____ ZIP code _____

Social Security number _____ Percentage _____ %

Date of birth _____ My Relationship _____

Telephone number _____

Please use whole percentages - must total 100%.

(B) Secondary Beneficiary(ies)

FULL LEGAL NAME _____

Address _____

City _____ State _____ ZIP code _____

Social Security number _____ Percentage _____ %

Date of birth _____ My Relationship _____

Telephone number _____

FULL LEGAL NAME _____

Address _____

City _____ State _____ ZIP code _____

Social Security number _____ Percentage _____ %

Date of birth _____ My Relationship _____

Telephone number _____

FULL LEGAL NAME _____

Address _____

City _____ State _____ ZIP code _____

Social Security number _____ Percentage _____ %

Date of birth _____ My Relationship _____

Telephone number _____

Please use whole percentages - must total 100%.

Your Authorization

_____ Date _____

Participant's Signature

Social Security number _____

A spouse or registered domestic partner is automatically the primary beneficiary of an employee's retirement plan death benefits. If I am married or in a registered domestic partnership, and designate a primary beneficiary in addition to or other than my spouse or registered domestic partner for 50% or more of the account balance, my spouse or registered domestic partner must consent by signing below and in the presence of a notary. If I am not married or in a registered domestic partnership now, but become married or enter into a registered domestic partnership in the future, my spouse or registered domestic partner may be entitled to interest in this account from the time of marriage or registration regardless of my beneficiary designation. Designated beneficiaries other than my spouse or registered domestic partner will be entitled to the remainder of the death benefit account as I direct. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant's Signature X _____ Date _____ | _____ | _____ (required)

Spousal Consent (Spouse also refers to a Registered Domestic Partner)

Dates of the participant's spouse's signature and notarization must match.

I, (name of spouse) _____, the current spouse of the participant, hereby voluntarily consent to the participant's primary beneficiary designation above and understand its effect. I understand that my spouse's beneficiary designation means that I will not receive at least 50% of his or her vested account balance under the Plan and that my spouse's election is not valid unless I consent to it. I understand that by consenting to the beneficiary designation, I give up my right to a qualified survivor annuity. I hereby voluntarily consent to the primary beneficiary(ies) named on the previous page. I understand that my consent is irrevocable unless my spouse revokes the waiver election, changes the beneficiary designation, or designates me to receive at least 50% of his or her vested account balance.

Spouse's Signature X _____ Date _____ | _____ | _____ (required)

Witness of Spouse's Signature

The spouse's signature must be witnessed by a Notary Public.

Statement of Notary

NOTE: Notary seal must be visible.

State of _____)

The consent to this request was subscribed and sworn (*or affirmed*)

to before me on this _____ day of _____, year _____, by

)ss. (*name of spouse*) _____

proved to me on the basis of satisfactory evidence to be the person who **SEAL**

County of _____)

appeared before me, who affirmed that such consent represents his/her free and voluntary act.

Notary Public's Signature X _____ My commission expires _____

Social Security number _____

