



**Investment Allocation**

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

Percent Allocated	Codes	Investment Options
_____ %	D1	SFDCP Core Bond Portfolio
_____ %	D2	SFDCP Large Cap Core Equity - S&P 500 Index
_____ %	D3	SFDCP Large Cap Value Equity Portfolio
_____ %	D4	SFDCP Large Cap Core Equity Active Portfolio
_____ %	D7	SFDCP Mid Cap Core Equity Portfolio
_____ %	D8	SFDCP Small Cap Growth Equity Portfolio
_____ %	EG	SFDCP Large Cap Growth Equity Portfolio
_____ %	EH	SFDCP Large Cap Social Equity Portfolio
_____ %	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
_____ %	E1	SFDCP Small Cap Value Equity Portfolio
_____ %	E2	SFDCP Small Cap Core Equity Portfolio
_____ %	E3	SFDCP Real Estate Portfolio
_____ %	E4	SFDCP International Equity Portfolio
_____ %	E6	SFDCP Target Date Retirement Fund
_____ %	SM	SFDCP Stable Value Portfolio
<b>1 0 0</b> %	<b>Total</b>	

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*

Important information and signature required on the following pages

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**

  X   \_\_\_\_\_ Date \_\_\_\_\_

*Participant's Signature*

Important information and signature required on the following pages

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: <http://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

*(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 \_\_\_\_\_

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Important information and signature required on the following pages

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



Participant's Name (print): \_\_\_\_\_

**Withdrawal Restrictions** – I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Options** – I understand that by signing and submitting this Enrollment Form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Allocation Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Fact sheets, have been made available to me and I understand the risks of investing.

**Compliance With Plan Document and/or the Code** – I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

**Incomplete Forms** – I understand that in the event my Enrollment Form is incomplete or is not received by Prudential, at their address that appears on the front page of this enrollment form, prior to the receipt of any deposits, I consent to Prudential retaining all monies received and allocating them to the Target Date Fund based on the year I turn age 62. Once an account has been established on my behalf, I understand that I must call Prudential or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

**Account Corrections** – I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Prudential of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

**Your Consent and Signature** – I have completed, understand and agree to all pages of this Enrollment Form. I understand that Prudential is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Prudential cannot conduct business with persons in the 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 <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>. I verify that this enrollment was unsolicited. I did not meet with a representative on a one-on-one basis regarding investment options.

**Your Authorization:** I certify that the information above is accurate and complete. If I have chosen to contribute to the Plan, I give my Payroll Department permission to contribute a portion of my salary to the Plan according to the instructions above.

Participant's Signature        X        Date        |  |  

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