

Instructions

Please complete this form online. You should use this form if you are enrolling in the plan for the first time. Once completed, please print and sign the document and fax it to 1-866-439-8602 or you may send it to the following address. If faxing, please keep original for your records.

Prudential
1145 Market Street, 5th floor
San Francisco, CA 94103

Questions?

Call 1-888-733-2748, option 2
for assistance.

About You

Plan number	Sub plan number	DSW number
<u>1</u> <u>1</u> <u>1</u> <u>4</u> <u>4</u> <u>9</u>	<u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>1</u>	_____
Social Security number	Daytime telephone number	
_____ - _____ - _____	_____ - _____ - _____ <i>area code</i>	
First name	MI	Last name
_____	_____	_____
Address		

City	State	ZIP code
_____	_____	_____
Date of birth	Gender	Original date employed
<u> </u> / <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> M <input type="checkbox"/> F	<u> </u> / <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
<i>month</i> <i>day</i> <i>year</i>		<i>month</i> <i>day</i> <i>year</i>

Amount to be Deferred

Select one option; Whole Dollar or Percentage. Must use this same ONE selection when choosing Pre and/or Roth After tax contributions below.

- Pre-Tax Contribution Election.** I wish to contribute \$, .00 OR % of my salary per pay period.
- Roth (After-tax) Contribution Election.** I wish to contribute \$, .00 OR % of my compensation per pay period on a Roth (After-tax) basis.

(The combination of Pre-tax and Roth After-tax contributions deducted each payroll period cannot exceed 61% of gross pay or the maximum annual limit whichever is less.)

This Payroll deduction authorization shall apply to all gross earnings from the date of processing, until cancelled or I cease to be an eligible employee.

- Check this box if you are not a member of a retirement program. Retirement programs at the City include SFERS (City Retirement), CalPERS, and Judges' Retirement Systems. If you are **not** a member and contribute 7.5% or more of your gross earnings to the SFDCP, an OASDI exemption will apply.
- 50+ Catch-Up Election – Must be at least 50 DOB ____ / ____ / ____ this calendar year.
- Special 457(b) Catch-Up Election – **Must attach Catch-Up Worksheet.** Contact Prudential at 1-888-733-2748, option 2 for assistance to determine the accumulated dollar amount for contribution.
- Military Catch-Up Election – **Must attach a Catch-Up Worksheet.** Contact Prudential at 1-888-733-2748, option 2 for assistance to determine the accumulated dollar amount for contribution.

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

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 _____



Participant's Name (print): _____

Withdrawal Restrictions – I understand and acknowledge 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 and acknowledge 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.

Fees – I understand and acknowledge there are fees that shall be deducted from my account for record keeping, Plan services, investment management, and other personalized services. For further details, I can speak to a retirement counselor or visit http://www.sfdcp.org/_Assets/documents/Fee-Doc.pdf

Compliance With Plan Document and/or the Code – I understand and acknowledge 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 and acknowledge 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 and acknowledge 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.

Participant Agreement – I understand and acknowledge 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 <https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Your Consent and Signature – I have completed, understand and agree to all pages of this Enrollment Form. I understand and acknowledge that this enrollment was unsolicited. I acknowledge that a SFDCP representative has not advised me on how to invest my account funds.

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 _____