



SUPPLEMENTAL RETIREMENT PLAN

Enrollment Form
NC 401(k) PLAN

Instructions

Please print using blue or black ink. Please keep a copy for your records and send completed form to the following address or fax it to 1-866-439-8602.

NC Plans Processing Center
PO Box 5340
Scranton, PA 18505

Questions?
Call 1-866-627-5267
for assistance.

About You

Plan number: 002003
Who is your employer? (Please print entire employer name)
What Department do you work in? (Please print entire department name)

Have you recently changed employers? Yes No

Previous Employer Name: Email address:

Are you a sworn Law Enforcement Officer? Yes No

Social Security number Daytime telephone number
area code

First name MI Last name

Address

City State ZIP code

Date of birth Gender Date of hire
month day year M F month day year

Contribution Information

I wish to contribute the following from my salary per pay period:

- Before-Tax Contribution Election
Roth After-Tax 401(k) Contribution Election

My annual salary is \$ My pay frequency is Please note that if the contribution amount provided is not in the correct format (dollar vs. percentage), Prudential will use your salary information to calculate your contribution in accordance with what your payroll requires.

Important information and signature is required on the following page.
The signature page must be provided in order for your enrollment to be processed.

