



Enrollment Form ALAMEDA COUNTY

Instructions

Please print using blue or black ink. Complete and send to Alameda County Treasurer's Office, Attn: DC Administration, 1221 Oak Street, 1st Floor, Room 131, Oakland CA, 94612 or interoffice mail QIC 20114 or fax to (510) 272-3856.

Questions?

Call 1-877-778-2100
for assistance.

About You

Plan number Sub plan number Empl I.D.
| 0 | 0 | 6 | 8 | 0 | 9 | | 0 | 0 | 1 | 8 | 8 | 1 | | |

Social Security number Daytime telephone number
| | - | | - | | | | - | | - | | |
area code

First name MI Last name
| | | | | | | | | | | |

Address
| | | | | | | | | | | | | | | |
City State ZIP code
| | | | | | | | | | | | | | | |

Date of birth Gender Original date employed
| | | | | | | | | | | | | | | |
month day year M F *month day year*

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.)

Effective pay period: _____ Paycheck date: _____

Investment Allocation

Fill out Option I, Option II, or Option III. Please complete only one.

(Please fill out Option I, Option II, or Option III. Do not fill out more than one section.)

By completion of Option I or Option II you enroll in GoalMaker, Prudential's asset allocation program, and you direct Prudential to invest your contribution(s) according to a GoalMaker model portfolio that is based on your risk tolerance and time horizon. You also direct Prudential to automatically rebalance your account quarterly according to the model portfolio chosen. Enrollment in GoalMaker can be canceled at anytime.

Please refer to the Retirement Workbook for more information on rebalancing and age adjustment.

Option I or Option II must be completed accurately, otherwise your investment allocation will be placed in GoalMaker with age adjustment.

Option III must be completed accurately and received by Prudential before assets are accepted; otherwise, contributions will be placed 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 option.



Investment Allocation
(continued)

(Please fill out Option I, Option II, or Option III. Do not fill out more than one section.)

Option I – Choose GoalMaker with Age Adjustment

By selecting your risk tolerance, and confirming your expected retirement age below, your contributions will be automatically invested in a GoalMaker model portfolio that is based on your risk tolerance and years left until retirement. You also confirm your participation in GoalMaker's age adjustment feature, which adjusts your allocations over time based on your years left until retirement.

Select Your Risk Tolerance Conservative Moderate Aggressive

Confirm Your Expected Retirement Age

Expected Retirement Age: 6 5

Yes. Please use the default Expected Retirement Age listed above.

No. Please use as my expected retirement age.

OR

Option II – Choose GoalMaker *without* Age Adjustment

I do not want to take advantage of GoalMaker's age adjustment feature. Please invest my contributions according to the model portfolios selected below.

Time Horizon (years until retirement)	GoalMaker Model Portfolio (check one box only)		
	Conservative	Moderate	Aggressive
0 to 5 Years	<input type="checkbox"/> C01	<input type="checkbox"/> M01	<input type="checkbox"/> R01
6 to 10 Years	<input type="checkbox"/> C02	<input type="checkbox"/> M02	<input type="checkbox"/> R02
11 to 15 Years	<input type="checkbox"/> C03	<input type="checkbox"/> M03	<input type="checkbox"/> R03
16 + Years	<input type="checkbox"/> C04	<input type="checkbox"/> M04	<input type="checkbox"/> R04

OR

Option III – Design your own investment allocation

If you would like to design your own asset allocation instead of selecting GoalMaker, designate the percentage of your contribution to be invested in each of the available investment options. (Please use whole percentages. The column(s) must total 100%.)

I wish to allocate my contributions to the Plan as follows:

Percent	Code	Investment Options	Percent	Code	Investment Options
_____%	XS	Alameda County SFV	_____%	5B	Dreyfus Mid Cap Index Fund
_____%	7R	Western Asset Core Plus Bond I	_____%	28	Nuveen Small Cap Value I
_____%	DG	Hartford MidCap Fund CL Y	_____%	4N	Dreyfus Small Cap Stock Index
_____%	HP	Eaton Vance Income Fund of Boston	_____%	2Y	JPMorgan Small Cap Equity A
_____%	CD	American Balanced Fund	_____%	4V	T. Rowe Price QM US Small-Cap Growth Eq
_____%	VS	American Beacon Bridgeway Lg Cp Val Inst	_____%	OS	Seven Canyons World Innovators Fund Investor Class
_____%	BQ	PGIM QMA Large Cap Core Equity Z	_____%	YK	Domini International Social Equity
_____%	KF	PGIM QMA Stock Index I	_____%	4M	Dreyfus International Stock Index
_____%	C5	Alger Capital Appreciation Instl I	_____%	5D	Invesco Diversified Dividend Y
_____%	SF	Calvert Social Index	_____%	S7	Oppenheimer Developing Markets
_____%	M3	PGIM Jennison Growth Fund	_____%	JD	Blackrock Health Science
_____%	T0	Wells Fargo Special Mid Cap Value A	_____%	CH	AMER: Europacific Growth R3
_____%	WY	Ariel Appreciation Fund			

Your Authorization

I authorize my employer to make payroll deductions as I have indicated. I understand that upon enrollment, if my Plan allows, I will have telephone and/or internet privileges to perform transactions via Prudential's Interactive Voice Response service and Online Retirement Center.

Signature X _____ Date

Employer Authorization

Treasurer's Office Use Only

Signature X _____ Date

Social Security Number _____