



# 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 006809 Sub plan number \_\_\_\_\_ Empl I.D. \_\_\_\_\_

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

### 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 \$ \_\_\_\_\_ OR \_\_\_\_\_ % of my salary per pay period.
- Roth (After-tax) Contribution Election.** I wish to contribute \$ \_\_\_\_\_ 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: \_\_\_\_\_  
 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 SVF	_____%	V7	Large Cap Growth / Jennison Fund
_____%	B0	Core Plus Bond / PGIM Fund	_____%	V4	Carillon Scout Mid Cap Fund R6
_____%	M9	PIMCO Income Fund Inst Class	_____%	Q3	Fidelity Mid Cap Index
_____%	6L	Impax Sustainable Allocation Fund Inst Cl	_____%	Q5	Fidelity Small Cap Index
_____%	SA	JPMorgan Equity Income Fund R6	_____%	US	JPMorgan Small Cap Equity R5
_____%	Q2	Fidelity 500 Index Fund	_____%	6M	State Street Global All Cap Equity Ex. U.S Index
_____%	54	Hartford Core Equity Fund R6	_____%	3U	MFS International Growth Equity Fund (IS Platform)

**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 \_\_\_\_\_



## Instructions For Choosing Your Beneficiary

**Please print using blue or black ink.** Keep a copy for your records and send to Alameda County Treasurer's Office, Attn: DC Administration, 1221 Oak Street, 1<sup>st</sup> Floor, Room 131, Oakland CA 94612 or interoffice mail QIC 20114 or fax to 510-268-5377.

### Plan Provisions

Any benefit will be payable upon your death to your spouse unless the Spousal Waiver section of this form is completed and witnessed. Please be careful in completing the form; be sure that your designation is accurate, clear and understandable.

If you die before you begin to receive benefits and the spousal waiver has not been completed, the plan will:

Automatically pay a death benefit consisting of 100% of your account balance to your surviving spouse (if any) as beneficiary.

### General Provisions

- A. The terms of the plan govern the payment of any benefit.
- B. Primary beneficiary(ies). If more than one person is named and no percentages are indicated, payment will be made in equal shares to the Primary beneficiary(ies) who is living at the time the benefit first becomes payable. If a percentage is indicated and a Primary beneficiary(ies) is not alive at the time the benefit first becomes payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary(ies).
- C. If there is no Primary beneficiary(ies) living at the time of the participant's death, any benefit that becomes payable will be distributed to the surviving Secondary beneficiary(ies) listed, if applicable.
- D. Payment to Secondary beneficiary(ies) will be made according to the rules of succession described under Primary beneficiary(ies) in provision B above. If no designated beneficiary(ies) is alive when payment is otherwise payable, payment will be made in accordance with the plan.
- E. If a Trust is named as beneficiary, any payment to the Trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received.

### Examples of Beneficiary Designations

If you feel that none of the examples below fit the type of beneficiary designation you want, please send a detailed description of what you propose to Prudential.

Use the term:

- 1. **"My Living Children"** if you want all your children (born or adopted of any marriage) living at the time of payment to equally share the benefit. This will also include all such children born or adopted after you completed the form. Do not include the names of your children if you use this term.
- 2. **"My Living Trust"** if you want to designate your Living Trust. You must also give the name(s) of the Trustee(s), name(s) of the successor Trustee(s) (Trustee and Successor Trustee cannot be the participant), the date of the Trust Agreement and the address if a bank or trust company is the Trustee.
- 3. **"My Testamentary Trust"** if you want to designate the Trust in your Last Will and Testament. Do not name your Trustee.
- 4. **"My Estate"** if you want the benefit to be paid to your estate.
- 5. **"(Name), Per Stirpes"** if you want the payment(s) to be paid up to and including the second generation of descendants. For example, if a beneficiary in such class is not living when a payment is due, such payment will be made in equal shares to any living sons and daughters (born or adopted of any marriage), of such beneficiary. If there are no living sons and daughters of such beneficiary when a payment is due, payment will be made to the estate of the last to die of the participant or such beneficiary. An example of a correct designation would be Jane Doe, Per Stirpes.



**Spousal  
Consent**

I am the spouse of the participant, and I understand that I am entitled to receive 100% of the account upon the participant's death. By signing this consent, I will **not** receive the benefit that would otherwise have been payable to me upon the participant's death. I voluntarily agree to the participant's designation of the beneficiary(ies) indicated above.

  X   \_\_\_\_\_ Date    |    |   

*Spouse's signature - must be witnessed by a notary public OR authorized plan representative.*

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, the year \_\_\_\_\_ Notary Stamp or Seal

State of \_\_\_\_\_, County of \_\_\_\_\_

My commission expires \_\_\_\_\_

Signature of  notary or  authorized plan representative

  X   \_\_\_\_\_ Date    |    |   

**Your  
Authorization**

Signature   X   \_\_\_\_\_ Date    |    |