

Enrollment Form

Nassau County Deferred Compensation Plan

Instruct	tions Please print using blue or black ink. Note: You should use this form if you are enrolling in the plan for the first time. Keep a copy of this form for your records and return the original to your Retirement Counselor or fax to Prudential at 1-866-439-8602.	e Questions? Call 877-778-2100 for assistance.			
About You	Plan number Sub plan number				
100	Social Security number Daytime telephone number				
	First name MI Last name				
	Address				
	City State ZIP code				
	Date of birth Gender Original date employed				
	month day year M F M month day	year			
	Date of rehire (if applicable) Marital status				
	Image: month day Image: gear Image: Gear Married Image: Gear Married Image: Gear Married Image: Gear Married	d or legally divorced			
Amount be Defer Investm Allocati	my salary per pay period. nent Fill out Option I, Option II or Option III. Please complete only one.				
(Please out Opti	<i>fill</i> Prudential to invest your contribution(s) according to a GoalMaker model portfolio and time horizon. You can also direct Prudential to automatically rebalance your model portfolio chosen. Enrollment in GoalMaker can be canceled at anytime.	o that is based on your risk toleran			
I, Option or Optio	Diagonator to the Retirement Planning (Suide for more information on rehalanci	ng and age adjustment.			
III. Do n fill out n	Option I or Option II must be completed accurately, otherwise your investment allocation will be placed in GoalMake with age adjustment.				
than on section.	Option III must be completed accurately and received by Prudential before assets are accepted; otherwise,				

Investment Allocation (continued)	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.			
(Please fill out Option				
l, Option II, or Option	Select Your Risk Tolerance	Conservative	Moderate	Aggressive
III. Do not Confirm Your Expected Retirement Age				
fill out more than one section.)	 Expected Retirement Age: 7 0 Yes. Please use the default Expected Retirement Age listed above No. Please use 1 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	GoalMaker Model Portfolio			
(years until retirement)	(check one box only)			
	Conservative	Moderate	Aggressive	
0 to 5 Years	🖵 C01	□ M01	□ R01	
6 to 10 Years	🖵 C02	□ M02	□ R02	
11 to 15 Years	🗖 C03	□ M03	□ R03	
16 + Years	C 04	□ M04	□ R04	

OR

Option III - Design your own investment allocation

If you would like to design your own asset allocation <u>instead of</u> 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 Allocated	Codes	Investment Options
∟⊥ %	XS	Prudential Stable Value Fund
∟%	B0	Core Plus Bond/PIMCO Fund
∟%	3T	Vanguard Total Bond Market Index Inst
└── └ ──%	P4	American Funds American Balanced R4
└── └ ──%	24	T. Rowe Price Retirement 2010
└── └ ──%	QM	T. Rowe Price Retirement 2015
∟⊥%	25	T. Rowe Price Retirement 2020
∟⊥%	O9	T. Rowe Price Retirement 2025
∟⊥%	26	T. Rowe Price Retirement 2030
∟⊥%	OA	T. Rowe Price Retirement 2035
∟⊥%	27	T. Rowe Price Retirement 2040
∟⊥%	OB	T. Rowe Price Retirement 2045
∟⊥%	X0	T. Rowe Price Retirement 2050
└─ ─ ─ ` %	3X	T. Rowe Price Retirement 2055

└── │	23	T. Rowe Price Retirement Income
└── └── 」%	4Q	Invesco Van Kampen Growth and Income Fund Y
└── 」 %	57	Legg Mason ClearBridge Appreciation Fund Class I
└─ ─ 」%	W1	SA/T. Rowe Price Growth Stock Strategy
<u> </u>	KU	Vanguard Institutional Index Fund
└─ ─ ─ ` %	58	Morgan Stanley Inst Mid Cap Growth I
└─ ─ ─ ` %	1W	Perkins Mid Cap Value Fund Class A
∟⊥ %	ΚT	Pioneer Mid Cap Value Fund (Class A Shares)
∟⊥ %	RP	Vanguard Mid Cap Index Instl
∟⊥ %	MQ	Allianz NFJ Small Cap Value Instl
└── └ ── %	M4	Legg Mason ClearBridge Small Cap Growth Fund Class I
└── └ ── %	VQ	Pennsylvania Mutual Inv
└── └ ── %	RO	Vanguard Small Cap Index Insl
└── └─ ─ ` %	P5	American Funds EuroPacific Growth Fund R4
└── └─ ─ ` %	JL	Oppenheimer Developing Markets Y
└── │	43	Vanguard REIT Index Fund
1 00%	Tota	I

Your Authorization

□ I authorize my employer to reduce my compensation as directed in compliance with the terms of the plan.

I choose not to participate in my employer-sponsored retirement plan.

Signature X

Date _____