

## Enrollment Form Housing Equity Account Program



**Instructions** This form should be completed if you are a new participant only. Please print using blue or black ink. Keep a copy of this form for your records and return the original to your Benefits Office. Attention Benefits Office - Please send completed form to the following address:

Prudential Retirement  
30 Scranton Office Park  
Scranton, PA 18507

**Questions?**  
Call 1-877-778-2100  
for assistance.

**About You**

Plan number	Sub plan number (if applicable)	
<input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="6"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Social Security number	Daytime telephone number	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
First Name	MI	Last name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Street Address		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
City	State	Zip code
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth	Sex	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	
Original date employed	Date of Rehire (if applicable)	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<small>month</small>	<small>day</small>	<small>year</small>
	<small>month</small>	<small>day</small>
		<small>year</small>

**Investment Allocation**

Use this section to design your own asset allocation and designate the percentage of contributions to be invested in each of the available investment options. Please use whole percentages only. **The column(s) must total 100%.**

Your Contributions	RK Code	Investment Option
<input type="text"/> <input type="text"/> <input type="text"/> %	C2	Dryden Gov't Securities Trust: MM Series
<input type="text"/> <input type="text"/> <input type="text"/> %	AB	Prudential Guaranteed Interest Account
<input type="text"/> <input type="text"/> <input type="text"/> %	DC	Calvert Income Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	HP	Eaton Vance Income Fund of Boston
<input type="text"/> <input type="text"/> <input type="text"/> %	IZ	Fidelity Advisor Freedom 2010 Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	J1	Fidelity Advisor Freedom 2020 Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	J3	Fidelity Advisor Freedom 2030 Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	PZ	Fidelity Advisor Freedom 2040 Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	7Z	Oakmark Equity & Income Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	Y0	Calvert Social Investment Fund: Equity Portfolio

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_____ %	JJ	Davis NY Venture Fund
_____ %	CI	The Growth Fund of America
_____ %	GJ	Van Kampen Comstock Fund
_____ %	WY	Ariel Appreciation Fund
_____ %	DU	Dreyfus Premier New Leaders A
_____ %	BR	Goldman Sachs Mid Cap Value Fund
_____ %	YB	Templeton World Fund
<b>100 %</b>	<b>Total</b>	

This form 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.

### Your Authorization

- I authorize my employer to reduce my compensation by the percentage directed above in compliance with the terms of the program.
- I choose not to participate in my employer-sponsored retirement program.

Signature   X  

Date      |      |