



Participant Enrollment 401(k) Plan

NC 401(K) PLAN

525334-01

Please keep a copy of the completed form for your records. If you have questions or need assistance, please contact us at 1-866-627-5267.

Participant Information

<hr/>			<hr/>		
Last Name		First Name	MI		
(The name provided MUST match the name on file with employer.)					
<hr/>					
Mailing Address					
<hr/>					
City		State	Zip Code		
()		()			
Home Phone		Work Phone			

<hr/>			<hr/>	
Social Security Number				
<hr/>				
E-Mail Address				
<hr/>				
Mo	Day	Year	<input type="checkbox"/> Female	<input type="checkbox"/> Male
<hr/>				
Date of Birth			<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried

Are you a sworn law enforcement officer? ☐ Yes OR ☐ No

Payroll Information - Fill in either a dollar amount or a percentage of compensation - not both. Ask your employer whether it allows dollar or percentage contributions.

☐ I elect to contribute \$ (whole dollars) or % (whole percentages) (do not complete both; \$1 - \$23,000 OR 1% - 80%) per pay period of my compensation as before-tax contributions to the 401(k) Plan until such time as I revoke or amend my election.

☐ I elect to contribute \$ (whole dollars) or % (whole percentages) (do not complete both; \$1 - \$23,000 OR 1% - 80%) per pay period of my compensation as Roth contributions to the 401(k) Plan until such time as I revoke or amend my election.

Note: The total combination of your before-tax and Roth deferrals cannot exceed \$23,000.00 of your eligible compensation in 2024.

☐ I decline to make contributions to the Plan at this time.

Date of Hire (Required):

 Mo Day Year

Employer name (Required):

 Payroll Frequency (Required):

Investment Option Information (applies to all contributions)

Please refer to the myNCPlans.com website's *Choose Investments* section for investment descriptions and asset allocation models.

See below for Participation Agreement and Required Signature

Select either an Asset Allocation Model (A) or your own investment options (B).

(A) Asset Allocation Model Selection

Asset Allocation Model Name	Model Selection	Asset Allocation Model Name	Model Selection
North Carolina GoalMaker AGGRESSIVE 2005	<input type="checkbox"/>	North Carolina GoalMaker CONS 2040	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2010	<input type="checkbox"/>	North Carolina GoalMaker CONS 2045	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2015	<input type="checkbox"/>	North Carolina GoalMaker CONS 2050	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2020	<input type="checkbox"/>	North Carolina GoalMaker CONS 2055	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2025	<input type="checkbox"/>	North Carolina GoalMaker CONS 2060	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2030	<input type="checkbox"/>	North Carolina GoalMaker CONS 2065	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2035	<input type="checkbox"/>	North Carolina GoalMaker CONS 2070	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2040	<input type="checkbox"/>	North Carolina GoalMaker MODERATE 2005	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2045	<input type="checkbox"/>	North Carolina GoalMaker MODERATE 2010	<input type="checkbox"/>

Last Name	First Name	M.I.	Social Security Number	525334-01 Number
Asset Allocation Model Name	Model Selection		Asset Allocation Model Name	Model Selection
North Carolina GoalMaker AGGRESSIVE 2050	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2015	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2055	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2020	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2060	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2025	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2065	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2030	<input type="checkbox"/>
North Carolina GoalMaker AGGRESSIVE 2070	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2035	<input type="checkbox"/>
North Carolina GoalMaker CONS 2005	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2040	<input type="checkbox"/>
North Carolina GoalMaker CONS 2010	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2045	<input type="checkbox"/>
North Carolina GoalMaker CONS 2015	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2050	<input type="checkbox"/>
North Carolina GoalMaker CONS 2020	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2055	<input type="checkbox"/>
North Carolina GoalMaker CONS 2025	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2060	<input type="checkbox"/>
North Carolina GoalMaker CONS 2030	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2065	<input type="checkbox"/>
North Carolina GoalMaker CONS 2035	<input type="checkbox"/>		North Carolina GoalMaker MODERATE 2070	<input type="checkbox"/>

(B) Select Your Own Investment Options

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
NC INTERNATIONAL FUND.....	N/A D2951A	_____	North Carolina Trs Infl Prot S.....	N/A D2682A	_____
NC INTERNATIONAL INDEX.....	N/A D2987A	_____	NC FIXED INCOME INDEX FD.....	N/A D2894A	_____
NC SMALL/MID CAP CORE FND.....	N/A D2586A	_____	NC FIXED INCOME FUND.....	N/A D2918A	_____
NC SMALL MID CAP INDEX.....	N/A D2667A	_____	NC STABLE VALUE FUND.....	N/A D3477A	_____
NORTH CAR LCAP CORE FD.....	N/A D2666A	_____	NC INFLATION RESPONSIVE.....	N/A D2875A	_____
NC LARGE CAP INDEX FUND.....	N/A D2917A	_____	MUST INDICATE WHOLE PERCENTAGES		=100%

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary**100.00%**

% of Account Balance	Social Security Number	Primary Beneficiary Name	Date of Birth
()		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
Phone Number (Optional)		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other	
		<input type="checkbox"/> Domestic Partner	

Contingent Beneficiary**100.00%**

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
()		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
Phone Number (Optional)		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other	
		<input type="checkbox"/> Domestic Partner	

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that Fund Fact Sheets are available within the myNCPlans.com website's *Choose Investments* section and I understand the risks of investing.

Asset Allocation Models - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected in Section A and I have also designated my own investment options in Section B, the Asset Allocation Model will supersede my own investment options.

North Carolina GoalMaker AGGRESSIVE 2005 - D2918A 19% D2951A 17% D2682A 17% D2917A 21% D2875A 3% D2586A 6% D3477A 17%

North Carolina GoalMaker AGGRESSIVE 2010 - D2918A 19% D2951A 17% D2682A 17% D2917A 21% D2875A 3% D2586A 6% D3477A 17%

North Carolina GoalMaker AGGRESSIVE 2015 - D2918A 19% D2951A 20% D2682A 14% D2917A 24% D2875A 3% D2586A 6% D3477A 14%

North Carolina GoalMaker AGGRESSIVE 2020 - D2918A 26% D2951A 21% D2682A 8% D2917A 25% D2875A 4% D2586A 8% D3477A 8%

North Carolina GoalMaker AGGRESSIVE 2025 - D2918A 27% D2951A 24% D2682A 3% D2917A 27% D2875A 6% D2586A 10% D3477A 3%

North Carolina GoalMaker AGGRESSIVE 2030 - D2918A 21% D2951A 32% D2682A 1% D2917A 28% D2875A 7% D2586A 10% D3477A 1%

North Carolina GoalMaker AGGRESSIVE 2035 - D2918A 13% D2951A 36% D2917A 30% D2875A 9% D2586A 12%

North Carolina GoalMaker AGGRESSIVE 2040 - D2918A 7% D2951A 38% D2917A 32% D2875A 9% D2586A 14%

North Carolina GoalMaker AGGRESSIVE 2045 - D2918A 2% D2951A 40% D2917A 34% D2875A 10% D2586A 14%

North Carolina GoalMaker AGGRESSIVE 2050 - D2918A 2% D2951A 40% D2917A 34% D2875A 10% D2586A 14%

North Carolina GoalMaker AGGRESSIVE 2055 - D2918A 2% D2951A 40% D2917A 34% D2875A 10% D2586A 14%

North Carolina GoalMaker AGGRESSIVE 2060 - D2918A 2% D2951A 40% D2917A 34% D2875A 10% D2586A 14%

North Carolina GoalMaker AGGRESSIVE 2065 - D2918A 2% D2951A 40% D2917A 34% D2875A 10% D2586A 14%

North Carolina GoalMaker AGGRESSIVE 2070 - D2918A 2% D2951A 40% D2917A 34% D2875A 10% D2586A 14%

North Carolina GoalMaker CONS 2005 - D2918A 29% D2951A 8% D2682A 24% D2917A 9% D2875A 2% D2586A 2% D3477A 26%

North Carolina GoalMaker CONS 2010 - D2918A 29% D2951A 8% D2682A 24% D2917A 9% D2875A 2% D2586A 2% D3477A 26%

North Carolina GoalMaker CONS 2015 - D2918A 33% D2951A 9% D2682A 19% D2917A 10% D2875A 2% D2586A 2% D3477A 25%

North Carolina GoalMaker CONS 2020 - D2918A 36% D2951A 9% D2682A 15% D2917A 11% D2875A 3% D2586A 4% D3477A 22%

North Carolina GoalMaker CONS 2025 - D2918A 41% D2951A 12% D2682A 10% D2917A 13% D2875A 3% D2586A 4% D3477A 17%

North Carolina GoalMaker CONS 2030 - D2918A 42% D2951A 16% D2682A 6% D2917A 14% D2875A 4% D2586A 6% D3477A 12%

North Carolina GoalMaker CONS 2035 - D2918A 41% D2951A 18% D2682A 3% D2917A 17% D2875A 5% D2586A 8% D3477A 8%

North Carolina GoalMaker CONS 2040 - D2918A 37% D2951A 25% D2917A 20% D2875A 6% D2586A 8% D3477A 4%

North Carolina GoalMaker CONS 2045 - D2918A 31% D2951A 28% D2917A 24% D2875A 7% D2586A 10%

North Carolina GoalMaker CONS 2050 - D2918A 21% D2951A 32% D2917A 27% D2875A 8% D2586A 12%

North Carolina GoalMaker CONS 2055 - D2918A 21% D2951A 32% D2917A 27% D2875A 8% D2586A 12%

North Carolina GoalMaker CONS 2060 - D2918A 21% D2951A 32% D2917A 27% D2875A 8% D2586A 12%

North Carolina GoalMaker CONS 2065 - D2918A 21% D2951A 32% D2917A 27% D2875A 8% D2586A 12%

North Carolina GoalMaker CONS 2070 - D2918A 21% D2951A 32% D2917A 27% D2875A 8% D2586A 12%

North Carolina GoalMaker MODERATE 2005 - D2918A 23% D2951A 12% D2682A 22% D2917A 14% D2875A 3% D2586A 4% D3477A 22%

North Carolina GoalMaker MODERATE 2010 - D2918A 23% D2951A 12% D2682A 22% D2917A 14% D2875A 3% D2586A 4% D3477A 22%

North Carolina GoalMaker MODERATE 2015 - D2918A 27% D2951A 14% D2682A 16% D2917A 16% D2875A 4% D2586A 4% D3477A 19%

North Carolina GoalMaker MODERATE 2020 - D2918A 34% D2951A 15% D2682A 9% D2917A 18% D2875A 4% D2586A 6% D3477A 14%

North Carolina GoalMaker MODERATE 2025 - D2918A 36% D2951A 19% D2682A 5% D2917A 19% D2875A 5% D2586A 6% D3477A 10%

North Carolina GoalMaker MODERATE 2030 - D2918A 33% D2951A 24% D2682A 2% D2917A 21% D2875A 6% D2586A 8% D3477A 6%

North Carolina GoalMaker MODERATE 2035 - D2918A 28% D2951A 28% D2917A 24% D2875A 7% D2586A 10% D3477A 3%

North Carolina GoalMaker MODERATE 2040 - D2918A 21% D2951A 32% D2917A 27% D2875A 8% D2586A 12%

North Carolina GoalMaker MODERATE 2045 - D2918A 13% D2951A 36% D2917A 30% D2875A 9% D2586A 12%

North Carolina GoalMaker MODERATE 2050 - D2918A 6% D2951A 38% D2917A 33% D2875A 9% D2586A 14%

North Carolina GoalMaker MODERATE 2055 - D2918A 6% D2951A 38% D2917A 33% D2875A 9% D2586A 14%

North Carolina GoalMaker MODERATE 2060 - D2918A 6% D2951A 38% D2917A 33% D2875A 9% D2586A 14%

North Carolina GoalMaker MODERATE 2065 - D2918A 6% D2951A 38% D2917A 33% D2875A 9% D2586A 14%

North Carolina GoalMaker MODERATE 2070 - D2918A 6% D2951A 38% D2917A 33% D2875A 9% D2586A 14%

Your account will be rebalanced quarterly so that your account aligns with your selected Asset Allocation Model. Rebalancing does not assure a profit and does not protect against loss in declining markets.

I understand that the Asset Allocation Models are developed and maintained by the Plan's investment adviser and that Empower has not reviewed or passed on the advisability of selecting the Asset Allocation Models.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once my account has been established, I understand that I must call 1-866-627-5267 or access the myNCPlans.com website in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will be only processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

After all signatures have been obtained, this form can be:

Sent regular mail to:
Empower
PO Box 56025
Boston, MA 02205-6025

OR Sent express mail to:
Empower
8515 E. Orchard Road
Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Prudential Investment Management Services, LLC (PIMS). Each organization is solely responsible for its financial condition and contractual obligations. PIMS is not affiliated with Empower Retirement, LLC. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.