

Participant Enrollment Governmental 457(b) Plan

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525334-02

Participant Information							
Last Name	First Name	MI			Social Sec	curity Number	
(The name provided MUST match ti	he name on file with Serv	ice Provider.)					
Ma	iling Address		E-Mail Address				
City		State Zip Code	Mo	Day	Year	☐ Female	☐ Male
() Home Phone	() Wor	k Phone		Date of Bir	th	☐ Married	☐ Unmarried
Payroll Information		<u>.</u>					
☐ I elect to contribute \$ as before-tax contributions t	or or the 457(b) Deferred						my compensation
☐ I elect to contribute \$ as Roth contributions to the	oror					b) per pay period of	my compensation
Note: The total combination of	your before-tax and R	oth deferrals cannot ex	sceed \$23,5	00.00 of ye	our eligible con	mpensation in 2025	
☐ I decline to make contribution	ons to the Plan at this t	ime.					
Payroll Eff	Pective Date: Mo D	ay Year Date	of Hire (Re		Mo Day Yes	ar	
Employer name (Required):		Payro	ll Frequenc	y (Require	d):		-

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

(A) Asset Allocation Model Selection - only one model can be selected

Asset Allocation Model Name	Model Selection	Asset Allocation Model Name	Model Selection
North Carolina GoalMaker AGGRESSIVE 2005		North Carolina GoalMaker CONS 2040	
North Carolina GoalMaker AGGRESSIVE 2010		North Carolina GoalMaker CONS 2045	
North Carolina GoalMaker AGGRESSIVE 2015		North Carolina GoalMaker CONS 2050	
North Carolina GoalMaker AGGRESSIVE 2020		North Carolina GoalMaker CONS 2055	
North Carolina GoalMaker AGGRESSIVE 2025		North Carolina GoalMaker CONS 2060	
North Carolina GoalMaker AGGRESSIVE 2030		North Carolina GoalMaker CONS 2065	
North Carolina GoalMaker AGGRESSIVE 2035		North Carolina GoalMaker CONS 2070	
North Carolina GoalMaker AGGRESSIVE 2040		North Carolina GoalMaker MODERATE 2005	٥
North Carolina GoalMaker AGGRESSIVE 2045		North Carolina GoalMaker MODERATE 2010	
North Carolina GoalMaker AGGRESSIVE 2050		North Carolina GoalMaker MODERATE 2015	
North Carolina GoalMaker AGGRESSIVE 2055		North Carolina GoalMaker MODERATE 2020	
North Carolina GoalMaker AGGRESSIVE 2060		North Carolina GoalMaker MODERATE 2025	

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Last Name	First Name	M.I. Social Security Number	<u>525334-02</u> Number
	Model Calcation	·	Model Colection
Asset Allocation Model Name North Carolina GoalMaker AGGRESSIVE 2065	Model Selection ☐	Asset Allocation Model Name North Carolina GoalMaker MODERATE 2030	Model Selection ☐
North Carolina GoalMaker AGGRESSIVE 2070		North Carolina GoalMaker MODERATE 2035	
North Carolina GoalMaker CONS 2005		North Carolina GoalMaker MODERATE 2040	
North Carolina GoalMaker CONS 2010		North Carolina GoalMaker MODERATE 2045	
North Carolina GoalMaker CONS 2015		North Carolina GoalMaker MODERATE 2050	
North Carolina GoalMaker CONS 2020		North Carolina GoalMaker MODERATE 2055	
North Carolina GoalMaker CONS 2025		North Carolina GoalMaker MODERATE 2060	
North Carolina GoalMaker CONS 2030		North Carolina GoalMaker MODERATE 2065	
North Carolina GoalMaker CONS 2035		North Carolina GoalMaker MODERATE 2070	
(B) Select Your Own Investmen	t Options		
INVESTMENT	OPTION	INVESTMENT OPT	TION
NAME	TICKER CODE 9	<u>NAME</u> <u>TI</u>	CKER CODE %
NC INTERNATIONAL FUND	N/A D2951A	North Carolina Trs Infl Prot S	A D2682A
NC INTERNATIONAL INDEX	N/A D2987A	NC FIXED INCOME INDEX FD	A D2894A
NC SMALL/MID CAP CORE FND	N/A D2586A	NC FIXED INCOME FUND	A D2918A
NC SMALL MID CAP INDEX		NC STABLE VALUE FUND N/A	A D3477A
NORTH CAR LCAP CORE FD	N/A D2666A	NC INFLATION RESPONSIVE	A D2875A
NC LARGE CAP INDEX FUND	N/A D2917A	— MUST INDICATE WHOLE PERCENTAC	GES = 100%
Plan Beneficiary Designation			
beneficiary. If any information is mis	ssing, additional information predecease me or I fail to	Service Provider at the address below. I have on may be required prior to recording my benef o designate beneficiaries, amounts will be paid	iciary designation. If my
You may only designate one priman beneficiaries you name is not limi complete the section below. Instead	ted. If you wish to desig	eficiary on this form. However, the number on the first one primary and/or conting the Beneficiary Designation form.	f primary or contingent ent beneficiary, do not
Primary Beneficiary 100.00%			
% of Account Balance Socia	l Security Number P	rimary Beneficiary Name	Date of Birth
()	Relationship (Required - I	f Relationship is not provided, request will be rejected and sent back	k for clarification.)
Phone Number (Optional)	☐ Spouse ☐ Child ☐ Domestic Partner	☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐	A Trust Other
Contingent Beneficiary			
100.00%			
	l Security Number Co	ntingent Beneficiary Name	Date of Birth
()		f Relationship is not provided, request will be rejected and sent bac.	
Phone Number (Optional)		☐ Parent ☐ Grandchild ☐ Sibling ☐ My Estate ☐	
/	r		

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.

☐ Domestic Partner

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Last Name	First Name	M.I.	Social Security Number	Number

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 and I have also designated my own investment options, 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 Goal Maker 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%

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Last Name	First Name		M.I.	Social Secur	ity Number	Number
North Carolina GoalMaker D2586A 4% D3477A 19%	MODERATE 2015 -	D2918A 27%	D2951A	14% D2682 <i>F</i>	A 16% D2917A 1	6% D2875A 4%
North Carolina GoalMaker D2586A 6% D3477A 14%	MODERATE 2020 -	D2918A 34%	D2951A	15% D2682 <i>F</i>	A 9% D2917A 18	2% D2875A 4%
North Carolina GoalMaker D2586A 6% D3477A 10%	MODERATE 2025 -	D2918A 36%	D2951A	19% D2682 <i>F</i>	A 5% D2917A 19	% D2875A 5%
North Carolina GoalMaker D2586A 8% D3477A 6%	MODERATE 2030 -	D2918A 33%	D2951A	24% D2682 <i>A</i>	A 2% D2917A 21	% D2875A 6%
North Carolina GoalMaker D3477A 3%	MODERATE 2035 -	D2918A 28%	D2951A	28% D2917 <i>F</i>	A 24% D2875A 7	2% D2586A 10%
North Carolina GoalMaker	MODERATE 2040 -	D2918A 21%	D2951A	32% D2917A	A 27% D2875A 8	% D2586A 12%
North Carolina GoalMaker	MODERATE 2045 -	D2918A 13%	D2951A	36% D2917A	A 30% D2875A 9	% D2586A 12%
North Carolina GoalMaker	MODERATE 2050 -	D2918A 6%	D2951A 3	8% D2917A	33% D2875A 9%	6 D2586A 14%
North Carolina GoalMaker	MODERATE 2055 -	D2918A 6%	D2951A 3	8% D2917A	33% D2875A 9%	% D2586A 14%
North Carolina GoalMaker	MODERATE 2060 -	D2918A 6%	D2951A 3	8% D2917A	33% D2875A 9%	% D2586A 14%
North Carolina GoalMaker	MODERATE 2065 -	D2918A 6%	D2951A 3	8% D2917A	33% D2875A 9%	% D2586A 14%
North Carolina GoalMaker	MODERATE 2070 -	D2918A 6%	D2951A 3	8% D2917A	33% D2875A 9%	% D2586A 14%
Your account will be rebalance assure a profit and does not pr	ed quarterly so that yo otect against loss in de	ur account alig eclining market	ns with you	ur selected As	set Allocation Mo	odel. Rebalancing does n
Compliance With Plan Docu necessary to ensure that my pa Code. I understand that the ma that it is my responsibility to re contribution limit, I assume so	rticipation in the Plan ximum annual limit on nonitor my total annua	is in compliand contributions in contributions	ce with any is determing to ensure	applicable red under the F that I do not e	equirement of the Plan Document and exceed the amount	Plan Document and/or the d/or the Code. I understand
Incomplete Forms - I understat the address below prior to allocating them to the default to the payor as required by lamyNCPlans.com website in oafter my account is established.	the receipt of any dep investment option sele w. Once my account rder to transfer monie	posits, I specific ected by the Pla has been estab s from the defa	cally conse in. If no de blished, I u ault investr	ent to Service fault investment option. A period of the control of	Provider retainin ent option is selec at I must call 1-86 Also, I understand	ng all monies received are ted, funds will be returned 66-627-5267 or access the
Account Corrections - I under errors. Corrections will be madays, account information sha correction will only be process	de only for errors which Il be deemed accurate	ch I communica and acceptable	ate within sto me. If I	90 calendar da notify Service	ays of the last cale be Provider of an e	endar quarter. After this 9
Signature(s) and Consent						

P	artic	ipant	$C_{\mathcal{C}}$	nnse	ent
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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: Sent express mail to:

Empower Empower

PO Box 56025 8515 E. Orchard Road Boston, MA 02205-6025 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.

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