



Instructions Please print using blue or black ink. Send completed form to the following address or fax it to 1-866-439-8602. If faxing, please keep original for your records.

MTA Deferred Compensation Program
c/o Prudential Retirement
30 Scranton Office Park
Scranton, PA 18507-1789

Questions?
Call 877-PLN-4MTA (877-756-4682)
for assistance.

**About
You**

Plan number 0 0 6 1 8 6 Sub plan number _____
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 _____ month _____ day _____ year
Date of rehire (To be completed by your Plan Representative, if applicable.)
_____ month _____ day _____ year

**Contribution
Information**

- Before-Tax Contribution Election.** I wish to contribute _____% (indicate by whole percentages) OR \$ _____ .00 of my salary per pay period.
- Roth Contribution Election.** I wish to contribute _____% (indicate by whole percentages) OR \$ _____ .00 of my compensation per pay period on a Roth (post-tax) basis.

If you choose to contribute both Before-Tax Elective Deferrals and Roth, please indicate which one you would like Contribution Acceleration applied to. Before-Tax or Roth

**Contribution
Acceleration**

- I elect to participate in the contribution accelerator program. I also acknowledge that by electing to participate, my per paycheck contribution amount will automatically increase by either 1% annually on my date of hire up to 99% maximum or \$1.00 until the IRS Annual Limit is reached, unless I opt otherwise. If you would like an alternate annual increase date or amount, please specify below.

Alternate annual increase date _____ Alternate automatic increase amount _____% or \$ _____



Investment Allocation
(continued)

(Please fill out Option I, Option II, or Option III. Do not fill out more than one option.)

Fill out Part I, II or Part III. Please complete only one section. If you complete more than one section, Prudential will invest contributions in the Plan's default investment option.

This form must be completed accurately and received by Prudential Retirement **before** Prudential Retirement receives contributions on your behalf. If a completed form is not received, Prudential will invest contributions in the Plan's default investment option. Upon receipt of your completed enrollment form, **all future** contributions will be allocated according to your investment selection. You may contact Prudential Retirement to transfer any **existing** funds from the default investment option to any other fund(s) in the plan.

By completing one of these sections, 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 according to the model portfolio chosen upon enrollment and on a quarterly basis. Enrollment in GoalMaker can be canceled or changed at anytime.

Option I – 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 Allocated | Code | Investment Option |
|-------------------|--------------|-------------------------------------|
| _____ % | N3 | MTA Target Year 2020 Fund |
| _____ % | M4 | MTA Target Year 2025 Fund |
| _____ % | M5 | MTA Target Year 2030 Fund |
| _____ % | M6 | MTA Target Year 2035 Fund |
| _____ % | M7 | MTA Target Year 2040 Fund |
| _____ % | M8 | MTA Target Year 2045 Fund |
| _____ % | M9 | MTA Target Year 2050 Fund |
| _____ % | ZT | MTA Target Year 2055 Fund |
| _____ % | MA | MTA Target Year 2060 Fund |
| _____ % | MT | MTA Target Year 2065 Fund |
| _____ % | MO | MTA Income Fund |
| _____ % | PB | MTA Bond Index Fund |
| _____ % | PC | MTA Large Cap Equity Index Fund |
| _____ % | KH | MTA Small Mid Cap Equity Index Fund |
| _____ % | PF | MTA International Equity Index Fund |
| _____ % | BK | MTA Stable Value Fund |
| _____ % | PG | MTA Bond Fund |
| _____ % | MZ | MTA Large Cap Equity Fund |
| _____ % | KI | MTA Small Mid Cap Equity Fund |
| _____ % | PL | MTA International Equity Fund |
| 1 0 0 % | Total | |

OR

Important information and signature required on the following pages

Social Security number _____

Investment Allocation
(continued)

(Please fill out Option I, Option II, or Option III. Do not fill out more than one option.)

Option II – 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 III – 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 |

Important information and signature required on the following page

Social Security number _____

Your Beneficiary Designation

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below. Please list additional beneficiaries, along with percentages they are to receive on a separate page, if needed. Indicate whether the additional beneficiary(ies) is/are primary or secondary beneficiary(ies). Please provide the specific names and information on the form for the individuals you want to designate. Please use whole percentages.

Primary Beneficiaries – You must make sure all your percentages in the primary section total 100%

| | | |
|----------------------|-------------------|----------------|
| Full Legal Name: | SSN: | Date of Birth: |
| Address: | | |
| Relationship to you: | Telephone Number: | Percentage: |

| | | |
|----------------------|-------------------|----------------|
| Full Legal Name: | SSN: | Date of Birth: |
| Address: | | |
| Relationship to you: | Telephone Number: | Percentage: |

| | | |
|----------------------|-------------------|----------------|
| Full Legal Name: | SSN: | Date of Birth: |
| Address: | | |
| Relationship to you: | Telephone Number: | Percentage: |

Secondary Beneficiaries – You must make sure all your percentages in the secondary section total 100%

| | | |
|----------------------|-------------------|----------------|
| Full Legal Name: | SSN: | Date of Birth: |
| Address: | | |
| Relationship to you: | Telephone Number: | Percentage: |

| | | |
|----------------------|-------------------|----------------|
| Full Legal Name: | SSN: | Date of Birth: |
| Address: | | |
| Relationship to you: | Telephone Number: | Percentage: |

| | | |
|----------------------|-------------------|----------------|
| Full Legal Name: | SSN: | Date of Birth: |
| Address: | | |
| Relationship to you: | Telephone Number: | Percentage: |

Your Authorization

I certify that the information above is accurate and complete. If I have chosen to contribute to the Plan, I give my employer permission to contribute a portion of my salary to the Plan according to the instructions above.

Signature X Date | |

Social Security number _____