



Enrollment Form

OAPFF 457(b) Deferred Compensation Plan

Instructions

Please print using blue or black ink. **NOTE:** You should use this form if you are enrolling in the plan for the first time. Enter your IAFF Local Number in the Sub plan number field below, keep a copy for your records and send completed form to:

Empower
30 Scranton Office Park
Scranton PA 18507-1789
Fax: 1-866-439-8602

Questions?

Call 1-877-778-2100
for assistance.

About You

Plan number

9 8 0 0 3 0

Sub plan number (IAFF Local 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 hire (To be completed by your Plan Representative, if applicable.)

____ month ____ day ____ year

Marital status: Married Single, widowed, or legally divorced

Email address

Contribution Information

Before-Tax Contribution Election I wish to contribute \$____, _____.**00** (minimum \$25) **OR** _____% (up to 80% in whole percentages) of my salary per pay period.

Roth Contribution Election I wish to contribute \$____, _____.**00** (minimum \$25) **OR** _____% (up to 80% in whole percentages) of my salary per pay period.

Decline. I choose not to contribute to my employer-sponsored retirement plan at this time. (Proceed to Your Authorization section on this form.)

Investment Allocation

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

Fill out Option I, Option II, or Option III. **Please complete only one option.**

By completion of Option I or Option II you enroll in GoalMaker, Empower's asset allocation program, and you direct Empower to invest your contribution(s) according to a GoalMaker model portfolio that is based on your risk tolerance and time horizon. You also direct Empower to automatically rebalance your account S according to the model portfolio chosen. Enrollment in GoalMaker can be canceled at anytime.

Please refer to the Get Started Guide for more information on rebalancing and age adjustment.

Option I or Option II must be completed accurately, otherwise your investment allocation will be placed in GoalMaker with age adjustment.

Option III must be completed accurately and received by Empower **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 Empower to transfer any **existing** funds from the default option.

In applying particular asset allocation models to your individual situation, you should consider your other assets, income, and investments (e.g., equity in a home, Social Security benefits, individual retirement plan investments, savings accounts, and interests in other qualified and non-qualified plans) in addition to your interests in the plan.

There are other designated investment alternatives that have similar risk and return characteristics available and can be viewed in the "design your own allocation section" of this form. More information on these investment alternatives is available by logging on to prudential.com/online/retirement or by calling the number listed on this form.

For informational or educational purposes only. This material is not intended as advice or recommendation about investing or managing your retirement savings. By sharing it, Empower is not acting as your fiduciary as defined by the Department of Labor's Fiduciary rule or otherwise. If you need investment advice, please consult with a qualified professional.

Important information and signature required on the following pages

Social Security number _____

Investment Allocation

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

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.

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 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 (years until retirement)	Conservative	GoalMaker Model Portfolio (check one box only)		Aggressive
		Moderate		
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

OR

Important information and signature required on the following pages

Social Security number _____

Investment Allocation
(continued)

Option III – 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%.)

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

I wish to allocate my contributions to the Plan as follows:

Percent Allocated	Codes	Investment Options
_____ %	XV	Guaranteed Income Fund*
_____ %	C2	Prudential Total Return Bond Fund*
_____ %	M9	PIMCO Income Fund Institutional Class*
_____ %	TC	Prudential Day One IncomeFlex Target Balanced Fund
_____ %	65	T. Rowe Price Retirement I 2005 Fund I Class
_____ %	66	T. Rowe Price Retirement I 2010 Fund I Class
_____ %	67	T. Rowe Price Retirement I 2015 Fund I Class
_____ %	68	T. Rowe Price Retirement I 2020 Fund I Class
_____ %	69	T. Rowe Price Retirement I 2025 Fund I Class
_____ %	70	T. Rowe Price Retirement I 2030 Fund I Class
_____ %	71	T. Rowe Price Retirement I 2035 Fund I Class
_____ %	74	T. Rowe Price Retirement I 2040 Fund I Class
_____ %	75	T. Rowe Price Retirement I 2045 Fund I Class
_____ %	76	T. Rowe Price Retirement I 2050 Fund I Class
_____ %	77	T. Rowe Price Retirement I 2055 Fund I Class
_____ %	78	T. Rowe Price Retirement I 2060 Fund I Class
_____ %	5U	T. Rowe Price Retirement I 2065 Fund I Class
_____ %	DF	Columbia Dividend Value Fund (IS Platform)*
_____ %	2Y	JP Morgan U. S. Equity Fund Class R6
_____ %	73	Vanguard 500 Index Admiral Shares
_____ %	M3	PGIM Jennison Growth Z*
_____ %	T8	Allspring Special Mid Cap Value R6*
_____ %	R0	Vanguard Mid Cap Index Admiral Shares
_____ %	MA	Janus Henderson Enterprise N*
_____ %	K7	Small Cap Value / Victory Fund*
_____ %	72	Vanguard Small Cap Index Fund Admiral Shares
_____ %	CD	Nationwide Geneva Small Cap Gr R6*
_____ %	PV	MFS International Equity Fund Class R6*
_____ %	RU	Vanguard Total International Stock Index Fund Admiral Shares*
_____ %	YP	Virtus Emerging Markets Opportunities Fund R6*
_____ %	1D	Real Estate / Cohen & Steers Fund
1 0 0 %	Total	

*Investments available to the GoalMaker asset allocation offering.

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 _____



Beneficiary Designation Form OAPFF 457(b) Deferred Compensation Plan

About You
(Please print using blue or black ink.)

Plan number

9 | 8 | 0 | 0 | 3 | 0

Social Security number

____ - ____ - _____

Daytime telephone number

____ - ____ - _____
area code

First name

MI

Last name

____ | ____ | _____ | _____

Address

____ | ____ | _____ | _____ | _____

City

State

ZIP code

____ | ____ | _____ | _____ | _____ - _____

Date of birth

____ | ____ | _____

month day year

Your Beneficiary Designation
(See "Instructions for Choosing your Beneficiary")

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).

(A) Primary Beneficiary(ies)

(B) Secondary Beneficiary(ies)

FULL LEGAL NAME

FULL LEGAL NAME

Address

Address

%

%

Social Security number

Percentage

Social Security number

Percentage

Date of birth

Relationship to you

Date of birth

Relationship to you

Telephone number

Telephone number

FULL LEGAL NAME

FULL LEGAL NAME

Address

Address

%

%

Social Security number

Percentage

Social Security number

Percentage

Date of Birth

Relationship to you

Date of Birth

Relationship to you

Telephone number

Telephone number

Please use whole percentages – must total 100%

Please use whole percentages – must total 100%

Your Authorization

Signature X

Date _____

DID YOU REMEMBER TO:

- Sign the form
- Initial any changes
- Use whole numbers

30 Scranton Office Park
Scranton, PA 18507-1789

Instructions for Choosing Your Beneficiary

Please print using blue or black ink. Please print using blue or black ink. Keep a copy for your records and send the original form to the address above or fax it to 1-866-439-8602.

General Provisions

Any benefit will be payable upon your death will be made to the person(s) named on the attached beneficiary form. Please be careful in completing the form; be sure that your designation is accurate, clear and understandable.

- A. The terms of the plan govern the payment of any benefit.
- B. Primary beneficiary(ies). If more than one person is named, payment will be made in equal shares to the Primary beneficiary(ies) who is living at the time the benefit first becomes payable. If a percentage is indicated and a Primary beneficiary(ies) is not alive at the time the benefit first becomes payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary(ies).
- C. If there is no Primary beneficiary(ies) living at the time of the participant's death, any benefit that becomes payable will be distributed to the surviving Secondary beneficiary(ies) listed, if applicable.
- D. Payment to Secondary beneficiary(ies) will be made according to the rules of succession described under Primary beneficiary(ies) in provision B above.
- E. If no designated beneficiary(ies) is alive when payment is otherwise payable, payment will be made in accordance with the contract.
- F. If the option to purchase an annuity is available, once payments have begun, any settlement of any amount thereafter payable shall be governed by the terms of such annuity.
- G. If a Trust is named as beneficiary, any payment to the Trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received.

Examples of Beneficiary Designations

If you feel that none of the examples below fit the type of beneficiary designation you want, please send a detailed description of what you propose to Empower.

Use the term:

1. **"My Living Children"** if you want all your children (born or adopted of any marriage) living at the time of payment to equally share the benefit. This will also include all such children born or adopted after you completed the form. Do not include the names of your children if you use this term.
2. **"My Living Trust"** if you want to designate your Living Trust. You must also give the name(s) of the Trustee(s), name(s) of the successor Trustee(s) (Trustee and Successor Trustee cannot be the participant), the date of the Trust Agreement and the address if a bank or trust company is the Trustee.
3. **"My Testamentary Trust"** if you want to designate the Trust in your Last Will and Testament. Do not name your Trustee.
4. **"My Estate"** if you want the benefit to be paid to your estate.
5. **"(Name), Per Stirpes"** if you want the payment(s) to be paid up to and including the second generation of descendants. For example, if a beneficiary in such class is not living when a payment is due, such payment will be made in equal shares to any living sons and daughters (born or adopted of any marriage), of such beneficiary. If there are no living sons and daughters of such beneficiary when a payment is due, payment will be made to the estate of the last to die of the participant or such beneficiary. An example of a correct designation would be Jane Doe, Per Stirpes.