Allocation Change and Exchange Form

Plumbers Local Union No. 1 Employee 401(k) Savings Plan

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.

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

Prudential
30 Scranton Office Park
Scranton, PA 18507-1789

About You

Plan number: 9 2 0 0 1 0

Sub plan number: 0 0 0 0 0 1

Social Security number: ___ - __ - ____

Daytime telephone number: ___ - ___ - ____
area code

First name: ____________ MI: __ Last name: ____________

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, 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 rebalance your account quarterly according to the model portfolio chosen. Enrollment in GoalMaker can be cancelled at any time.

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

This form must be completed accurately and received by Prudential **before assets are accepted**; otherwise, your existing allocations will not change. If no allocation is on file, contributions will be placed in the default investment option selected by your plan. You must contact Prudential to transfer any existing funds from the default option.

Morningstar uses a holistic, total wealth approach steeped in research that considers an investor's unique risk preferences and risk capacity to map an investor to the most appropriate overall stock and bond mix in weights represent the optimal combination of "accumulation-oriented" characteristics vs. given the unique profile of the investor.

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, Prudential Retirement 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.

Investment Allocation *(continued)*

(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: 6 5

☐ 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 and I acknowledge that I have reviewed the additional GoalMaker and investment information within the option 1 section above and that I have received a list of investments with similar risk and return characteristics as noted in the "design you own investment allocation section" of this document. 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.

Time Horizon (years until retirement)	**GoalMaker Model Portfolio** (check one box only) Conservative	Moderate	Aggressive
0 to 5 Years	☐ C01	☐ M01	☐ R01
6 to 10 Years	☐ C02	☐ M02	☐ R02
11 to 15 Years	☐ C03	☐ M03	☐ R03
16 + Years	☐ C04	☐ M04	☐ R04

OR

Important information and signature required on the following page

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 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 future contributions to be invested in each of the available investment options (Please use whole percentages. The column(s) must total 100%)

This investment option will only affect the direction of future contributions, if you wish to move existing assets from one investment option to another, you will need to complete the Exchange Between Investment Options section of this form.

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

Your Contributions	Employer Contributions	QNEC Contributions	Rollover Contributions	Codes	Investment Options
%	%	%	%	XS	Prudential Stable Value Fund
%	%	%	%	IH	Vanguard Federal Money Market Investor
%	%	%	%	LV	Vanguard Interm -Term Bond Index I*
%	%	%	%	D1	Vanguard Inflation – Protected Secs Adm
%	%	%	%	7V	Vanguard High – Yield Corporate Adm
%	%	%	%	N4	Vanguard Large Cap Index Institutional*
%	%	%	%	RP	Vanguard Mid Cap Index Institutional*
%	%	%	%	RO	Vanguard Small Cap Index I*
%	%	%	%	N3	Vanguard FTSE All-Wid ex-US Index Institutional*
%	%	%	%	QM	Vanguard Target Retirement Income Trust II
%	%	%	%	QP	Vanguard Target Retirement 2015 Trust II
%	%	%	%	QY	Vanguard Target Retirement 2025 Trust II
%	%	%	%	R0	Vanguard Target Retirement 2035 Trust II
%	%	%	%	RA	Vanguard Target Retirement 2045 Trust II
%	%	%	%	RC	Vanguard Target Retirement 2055 Trust II
%	%	%	%	5Z	Vanguard Target Retirement 2065 Trust II
%	%	%	%	QQ	Vanguard Target Retirement 2020 Trust II
%	%	%	%	QZ	Vanguard Target Retirement 2030 Trust II
%	%	%	%	R9	Vanguard Target Retirement 2040 Trust II
%	%	%	%	RB	Vanguard Target Retirement 2050 Trust II
%	%	%	%	UK	Vanguard Target Retirement 2060 Trust II
100 %	100 %	100 %	100 %	**Total**	

*Investments available to the GoalMaker asset allocation offering.

Exchange Between Investment Options

When completing this section, you must indicate the whole percentage to be exchanged from one investment option to another. If your exchange requires more than one "to" or "from" investment, you must complete as many lines as necessary to describe your transaction. Please use full investment option name when detailing your exchange. **Please see above for available investment options and codes.**

Percent	Or	Dollar Amount	Investment Options	Investment Options
%		$ ___ , ___ .	from (__) ______	to (__) ______
%		$ ___ , ___ .	from (__) ______	to (__) ______
%		$ ___ , ___ .	from (__) ______	to (__) ______
%		$ ___ , ___ .	from (__) ______	to (__) ______
%		$ ___ , ___ .	from (__) ______	to (__) ______
%		$ ___ , ___ .	from (__) ______	to (__) ______
%		$ ___ , ___ .	from (__) ______	to (__) ______

The exchange(s) will be effective as of the date this properly completed form is received at Prudential. To exchange each contribution type with a different percentage, you will need to use a different form for each.

(This section will move existing assets only, if you want to change the direction of future contributions you will need to complete the Investment Allocation section of this form.)

Important information and signature required on the following page

Social Security number________________________

Your Authorization

I certify that the information above is accurate and complete.

Signature X____ *Date* ______|_____|______

Social Security number______________________