

Investment Allocation

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

Please use whole percentages. The column must total 100%.

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	

This form must be completed accurately and received by Empower **before** Empower receives contributions on your behalf. If a completed form is not received, Empower will invest contributions 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 investment option.

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 _____