



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 3 0 0 1 8 6 Sub plan number
Social Security number Daytime telephone number
First name MI Last name
Address
City State ZIP code
Date of birth Gender Original date employed
Date of rehire

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**

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
_____ %	N4	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
<b>1 0 0</b> %	<b>Total</b>	

This form must be completed accurately and received by Prudential **before** Prudential receives contributions on your behalf. If a completed form is not received, Prudential 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 Prudential 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 \_\_\_\_\_