



New Enrollment

Rehire/Re-enrollment

Enrollment Form

THE STATE OF HAWAII ISLAND SAVINGS 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. Keep a copy of this form for your records and submit the original to Prudential as directed below.

Prudential
1100 Alakea St.
Suite 1550
Honolulu, HI 96813

Questions?
Call 1-888-71-ALOHA
for assistance.

Attention: Please send completed form to Prudential.

About You

Plan number	Sub plan number	000001 State of Hawaii	000004 County of Maui
3 0 0 4 1 1	_____	000002 County of Hawaii	000005 County of Hawaii Water District
		000003 County of Kauai	000006 Waialae Charter School

Payroll Number: _____
(FOR STATE EMPLOYEES ONLY: LOCATED ON TOP PORTION OF YOUR PAYSTUB)

For Prudential Enrollment Processor: Please input Payroll ID into Div/Sub field.
The Department and Division codes are to be input into the Employee ID field.
Department: _____ Division: _____

Social Security number	Daytime telephone number
____-____-____	____-____-____
	<i>area code</i>

First name	MI	Last name
_____	_____	_____

Address

City	State	ZIP code
_____	_____	____-____

Date of birth	Gender	Original date of employment (for new enrollment only)
____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____
<i>month day year</i>		<i>month day year</i>

Date of rehire (for rehires or department transfers only)
____/____/____
month day year

Email address

Contribution Information

Only the State of Hawaii (000001) and County of Hawaii (000002) are allowed to choose either a percentage or dollar amount. All others must choose a dollar amount.

Before-Tax Contribution Election. I wish to contribute \$ _____, _____ .00 (\$10.00 or more) OR _____ % (1% to 99%) of my salary per pay period.



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 automatically rebalance your account quarterly according to the model portfolio chosen. Enrollment in GoalMaker can be canceled at anytime.

Please refer to the Plan Highlights 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 Prudential **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 Prudential to transfer any **existing** funds from the default option.

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.

Time Horizon
(years until retirement)

GoalMaker Model Portfolio
(check one box only)

0 to 5 Years

Conservative

Moderate

Aggressive

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 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	Codes	Investment Options
_____ %	XS	Stable Value Fund
_____ %	KJ	BlackRock Total Return Bond Fund F
_____ %	B5	Vanguard Wellington
_____ %	H3	BlackRock US Bond Index
_____ %	H4	BlackRock US Large Cap Index
_____ %	H6	BlackRock US Small/Mid Cap Index
_____ %	H5	BlackRock Non-US Equity Index
_____ %	7Q	JP Morgan Diversified Real Return
_____ %	SL	Hartford Schroder Emerging Markets Equity R6
_____ %	MC	Victory Inst Diversified Stock Fund
_____ %	H7	Wellington CIF II Research Value Portfolio
_____ %	ZM	William Blair Small Mid Cap Growth
_____ %	C2	Mainstay Large Cap Growth
_____ %	LZ	MFS International Equity
_____ %	K8	American EuroPacific Fund
_____ %	MB	Harbor Small Cap Value Inst
_____ %	HA	Lifecycle Income Fund
_____ %	HB	Lifecycle 2015 Fund
_____ %	HC	Lifecycle 2025 Fund
_____ %	HD	Lifecycle 2035 Fund
_____ %	HE	Lifecycle 2045 Fund
_____ %	HF	Lifecycle 2055 Fund
1 0 0 %	Total	

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 _____



30 Scranton Office Park
Scranton, PA 18507-1789

Instructions For Choosing Your Beneficiary

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 that 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 contract 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 to the participant's estate in accordance with the Plan.
- 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 Prudential.

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.



Beneficiary Designation Form
THE STATE OF HAWAII ISLAND SAVINGS PLAN

About You

(Please print using blue or black ink.)

Plan number 3 0 0 4 1 1
Sub plan number
Social Security number
Daytime telephone number
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)

FULL LEGAL NAME
Address
Social Security number Percentage %
Date of birth Relationship to you
Telephone number

Please use whole percentages - must total 100%.

(B) Secondary Beneficiary(ies)

FULL LEGAL NAME
Address
Social Security number Percentage %
Date of birth Relationship to you
Telephone number

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