



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
<b>3 0 0 4 1 1</b>	_____	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 \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*area code*

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Original date of employment (for new enrollment only) \_\_\_\_\_  
*month day year*     M     F    *month day year*

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
_____ %	BO	PIMCO Total Return Fund
_____ %	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	Schroder Emerging Markets Equity R6
_____ %	MC	Victory Inst Divided 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 SMCAP
_____ %	HA	Income Fund
_____ %	HB	2015 Fund
_____ %	HC	2025 Fund
_____ %	HD	2035 Fund
_____ %	HE	2045 Fund
_____ %	HF	2055 Fund
<b>1 0 0</b> %	<b>Total</b>	

**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 \_\_\_\_\_