



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 _____
 _____ - _____ - _____
 _____ - _____ - _____
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)	Conservative	Moderate	Aggressive
0 to 5 Years	<input type="checkbox"/> C01	<input type="checkbox"/> M01	<input type="checkbox"/> R01
6 to 10 Years	<input type="checkbox"/> C02	<input type="checkbox"/> M02	<input type="checkbox"/> R02
11 to 15 Years	<input type="checkbox"/> C03	<input type="checkbox"/> M03	<input type="checkbox"/> R03
16 + Years	<input type="checkbox"/> C04	<input type="checkbox"/> M04	<input type="checkbox"/> 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	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 _____