

## Enrollment Form

### IUE CWA 401(k) RETIREMENT SAVINGS AND SECURITY 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 return the original to the IUE-CWA 401(k) Plan Office at 973-893-8225 (fax) or to 1460 Broad St, Bloomfield, NJ 07003.

**About You**

Plan number 0 0 2 7 0 0 Sub plan number 0 0 0 0 0 1

Employer Name \_\_\_\_\_

Social Security number \_\_\_\_\_ Daytime telephone number \_\_\_\_\_  
area code

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

Address \_\_\_\_\_

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

Date of birth \_\_\_\_\_ Gender  M  F Original date employed \_\_\_\_\_  
month day year month day year

Marital status:  Married  Single, widowed or legally divorced

**Questions?**  
Call 1-877-778-2100  
for assistance.

**Contribution Information**

I wish to contribute \_\_\_\_\_ % (indicate by whole percentages) **OR** \$ \_\_\_\_\_ of my salary per pay period.  
 Please note: Minimum contribution of \$4.00 per week or 1% of gross wages is required.

**Investment Allocation**

Please use whole percentages. The column(s) must total 100%.

| Percent        | Code         | Investment Option                      |
|----------------|--------------|----------------------------------------|
| _____ %        | XV           | Guaranteed Income Fund                 |
| _____ %        | QZ           | PIMCO Total Return Fund                |
| _____ %        | G6           | American Balanced Fund                 |
| _____ %        | 76           | Retirement Goal 2010 Fund              |
| _____ %        | 77           | Retirement Goal 2020 Fund              |
| _____ %        | 78           | Retirement Goal 2030 Fund              |
| _____ %        | 7A           | Retirement Goal 2040 Fund              |
| _____ %        | V8           | Retirement Goal 2050 Fund              |
| _____ %        | 75           | Retirement Goal Income Fund            |
| _____ %        | CI           | American Funds: Growth Fund of America |
| _____ %        | LA           | Dryden Stock Index Fund                |
| _____ %        | DD           | Van Kampen Growth & Income Fund        |
| _____ %        | NM           | Victory Special Value Fund             |
| _____ %        | P0           | Oppenheimer Main Street Small Cap Fund |
| _____ %        | LQ           | AIM International Growth 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.

**Your Authorization**

I direct my employer to make payroll deductions as I have indicated. I understand that upon enrollment, if my Plan allows, I will have telephone and/or internet privileges to perform transactions via Prudential's Interactive Voice Response service and Online Retirement Center.

Signature X Date \_\_\_\_\_

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