One Time Contribution Form

NORTH CAROLINA SUPPLEMENTAL RETIREMENT PLANS

Instructions

This form may be used to defer additional compensation or other amounts paid out on a one-time basis, such as longevity payment or final payments for vacation and/or bonus leave upon separating from service. The deduction will occur only once and then it will revert back to the previous amount being deducted (if any). Please print in black ink and keep a copy for your records. Send the completed form to your payroll office in sufficient time for them to enter the change for the appropriate pay period. If you have not already completed an enrollment form to establish this account, please contact your local Area Representative to enroll prior to submitting this form. Enrollment forms are also available online at www.ncplans.prudential.com.

About You

Employer name: _____

Questions? Call 1-866-627-5267 for assistance.

Social Security number ___ - __ - ____

Daytime telephone number ___ - ___ - ____
area code

First name _____ MI ___ Last name _____

One Time Contribution

I wish to contribute the following from my salary for **payroll date** _____

If this is related to a *retirement/separation of service* payout, please provide the effective date of *retirement/separation* _____

NC 401(k) Plan (002003) - please provide whole dollar or percentage amounts

☐ Contribute on a **Before-Tax** basis $ ___ , ___ **.00** or ___ % to NC 401(k) Plan.

☐ Contribute on a **Roth** basis $ ___ , ___ **.00** or ___ % to NC 401(k) Plan.

NC 457 Deferred Compensation Plan (012003) - please provide whole dollar or percentage amounts

☐ Contribute on a **Before-Tax** basis $ ___ , ___ **.00** or ___ % to NC 457 Deferred Compensation Plan.

☐ Contribute on a **Roth** basis $ ___ , ___ **.00** or ___ % to NC 457 Deferred Compensation Plan.

If you are not certain of your method ($ or %) of your employee deferrals, please verify with your Payroll Office.

Please note: This change will be effective for the payroll date specified above **ONLY**. This one time contribution will not affect your current contribution rate, if any. Your current rate will resume with your next payroll cycle.

The amounts contributed through this form are subject to the annual IRS 402g limits.

Your Authorization

I understand the timing of this one time contribution needs to be coordinated through my payroll office in order to have the amount above deducted from the proper paycheck.

X _____ *Date* ___ | ___ | ___
Participant's signature

Area Representatives

Central & Northern Area	Tripp Madden	(919) 847-1235
SW, Southern: Fuquay & Holly Springs	Christy Daly	(919) 774-3114
Adm, East, NE, West & Garner	Jennifer Willis	(919) 570-8603

Fax completed form to Compensation Services

(919) 431-7517

Prudential Retirement