



**Prudential**

**Enrollment Form**

**San Diego Unified Port District Employees' 457 Deferred Compensation 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 your Benefits/Human Resources Office.

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

Attention: Benefits/Human Resources Office - Please fax or send completed form to Prudential.

**About You**

Plan number: 0 0 6 1 2 8      Sub plan number: \_\_\_\_\_  
 Social Security number: \_\_\_\_\_      Daytime telephone number: \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
area code  
 First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Original date employed: \_\_\_\_\_  
month day year      M F      month day year  
 Date of rehire (if applicable): \_\_\_\_\_ Marital status:  
month day year       Married       Single, widowed or legally divorced

**Amount to be Deferred**

**Before-Tax Contribution Election.** I wish to contribute \_\_\_\_\_ % (up to 100% in whole percentages)  
 OR \$ \_\_\_\_\_ of my salary per pay period.

**Investment Allocation**

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

Percent Allocated	Codes	Investment Options
_____ %	XV	Guaranteed Income Fund
_____ %	PK	Delaware Diversified Income Fund
_____ %	GE	Goldman Sachs High Yield Bond Fund
_____ %	YL	MFS Bond Fund
_____ %	JX	MFS Government Securities Fund
_____ %	QZ	PIMCO Total Return Fund A
_____ %	CM	American Funds Inc Fund of America R3
_____ %	DM	Invesco Van Kampen Equity and Income Fund R
_____ %	WB	JPMorgan SmartRetirement 2010 A
_____ %	WC	JPMorgan SmartRetirement 2015 A
_____ %	WD	JPMorgan SmartRetirement 2020 A
_____ %	WE	JPMorgan SmartRetirement 2025 A
_____ %	WF	JPMorgan SmartRetirement 2030 A

128000022238

_____ %	WG	JPMorgan SmartRetirement 2035 A
_____ %	WH	JPMorgan SmartRetirement 2040 A
_____ %	WI	JPMorgan SmartRetirement 2045 A
_____ %	WJ	JPMorgan SmartRetirement 2050 A
_____ %	WA	JPMorgan SmartRetirement Income A
_____ %	YJ	MFS Total Return Fund
_____ %	U3	Alger Capital Appreciation A
_____ %	CG	American Funds Washington Mutual R3
_____ %	EL	Fid Advisor New Insights
_____ %	BH	Invesco Charter Fund A
_____ %	DD	Invesco Van Kampen Growth and Income Fund R
_____ %	W6	MFS Growth R3
_____ %	3N	MFS Value Fund
_____ %	KA	Prudential Stock Index Fund Class Z
_____ %	0L	Thornburg Value R3
_____ %	P1	Dreyfus Opportunistic Midcap Value A
_____ %	CN	Goldman Sachs Growth Opportunities Fund A
_____ %	BR	Goldman Sachs Mid Cap Value Fund A
_____ %	0N	Invesco Van Kampen Mid Cap Growth A
_____ %	UY	Perkins Mid Cap Value Fund Class R
_____ %	0R	Royce Premier Service
_____ %	LA	Scout Mid Cap
_____ %	K0	Fidelity Advisor Small Cap Fund
_____ %	PI	Lord Abbett Small Cap Value Fund
_____ %	PW	Neuberger Berman Genesis Trust Fund
_____ %	IB	Pioneer Oak Ridge Small Cap Growth A
_____ %	QJ	Victory Small Company Opportunity Fund A
_____ %	K5	American Funds SMALLCAP World R3
_____ %	3O	Calamos Global Equity A
_____ %	CH	American Funds EuroPacific Growth Fund R3
_____ %	5C	MFS Research International Fund
_____ %	B5	Davis Financial Fund
_____ %	R5	Invesco Energy Fund A
_____ %	DK	Invesco Real Estate Fund A
_____ %	L8	Prudential Jennison Health Sciences Fund Class A

---

Social Security Number \_\_\_\_\_

\_\_\_\_\_% TN Columbia Seligman Comms and Information A

**1 0 0** % **Total**

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 authorize my employer to reduce my compensation as directed in compliance with the terms of the plan.
- I choose not to participate in my employer-sponsored retirement plan.

Signature   X  

Date      |      |     

128000022239

Social Security Number \_\_\_\_\_