Prudential

Enrollment Form
Hospitality Industry 401(k) 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.

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

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

About You

Plan number: 9 6 0 0 5 0

Sub plan number:

Social Security number: ___ - ___ - ____

Daytime telephone number: ___ (area code) - ___ - ____

First name | MI | Last name

Address

City | State | ZIP code

Date of birth: ___ (month) ___ (day) ____ (year)

Gender: M F

Original Date Employed: ___ (month) ___ (day) ____ (year)

Marital Status

Married Single, widowed or legally divorced

Contribution Information

Before-Tax Contribution Election. I wish to contribute ___ % (up to 50% in whole percentages) **OR** $ ___ . ___ of my salary per pay period.

Investment Allocation

I wish to allocate my contributions to the Plan as follows:

Your Contributions	Your Employer's Contributions	Codes	Investment Options
___ %	___ %	XV	Guaranteed Income Fund
___ %	___ %	YF	Baird Core Plus Bond Inst
___ %	___ %	E7	Columbia High Yield Bond Inst3
___ %	___ %	3L	Vanguard Inflation-Protected Secs Adm
___ %	___ %	HS	Vanguard Target Retirement 2015 Inv
___ %	___ %	IX	Vanguard Target Retirement 2020 Inv
___ %	___ %	HT	Vanguard Target Retirement 2025 Inv
___ %	___ %	53	Vanguard Target Retirement 2030 Inv
___ %	___ %	HU	Vanguard Target Retirement 2035 Inv
___ %	___ %	31	Vanguard Target Retirement 2040 Inv
___ %	___ %	HV	Vanguard Target Retirement 2045 Inv
___ %	___ %	32	Vanguard Target Retirement 2050 Inv
___ %	___ %	DI	Vanguard Target Retirement 2055 Inv
___ %	___ %	QM	Vanguard Target Retirement 2060 Inv
___ %	___ %	GK	Vanguard Target Retirement 2065 Inv
___ %	___ %	HW	Vanguard Target Retirement Income Inv
___ %	___ %	74	Vanguard Equity-Income Adm
___ %	___ %	73	Vanguard 500 Index Admiral
___ %	___ %	L1	Touchstone Sands Capital Inst Gr
___ %	___ %	WS	Victory Sycamore Established Value R6
___ %	___ %	R0	Vanguard Mid Cap Index Admiral
___ %	___ %	MJ	Artisan Mid Cap Institutional
___ %	___ %	H8	Goldman Sachs Small Cap Value R6
___ %	___ %	72	Vanguard Small Cap Index Adm
___ %	___ %	E8	Principal SmallCap Growth I R6
___ %	___ %	HM	DFA International Small Cap Value I

Social Security Number_____

___ %	___ %	K8	American Funds Europacific Growth R6
___ %	___ %	LG	Vanguard Emerging Mkts Stock Idx Adm
___ %	___ %	PT	Vanguard Real Estate Index Admiral
100 %	100 %	**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 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* ____ ____ ____

For Employer Use Only

This section should be completed only if the participant has previously terminated with the employer sponsoring the plan and has been rehired.

Original date employed

__ __ __ __ ____

month *day* *year*

Date of termination

__ __ __ __ ____

month *day* *year*

Date of rehire

__ __ __ __ ____

month *day* *year*

Social Security Number_____