



PINNACLE HEALTH SYSTEM 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 Office.			
	ention: Benefits Office - Please fax or send completed form to Prudential.			
About	Plan number Sub plan number			
You	[0,0,6,4,6,0] $[0,0,0,0,1]$			
	Social Security number Daytime telephone number			
	L -			
	First name MI Last name			
	Address			
	Address			
	City State ZIP code			
	Date of birth Gender Original date employed			
	month day year M F M F _			
Contribution Information Pre-Tax Contribution Election. I wish to contribute				
	Roth Contribution Election. I wish to contribute			
	Flat dollar elections are <u>only allowed</u> if you wish to maximize the IRS 402(g) contribution limits for the current plan year, including catch-up contributions (if eligible). The minimum flat dollar amount that you may contribute on a per pay basis is \$673.07 and a maximum of \$884.62.			
	Pre-Tax Contribution Election. I wish to contribute \$			
Roth Contribution Election. I wish to contribute \$				
	Please note, elections that are less than the minimum amount allowed by the plan will be deemed not in good order and will not be honored and may delay your request.			
Election to Not Participate in Auto	If you do not opt out of participating in the plan within 30 days, you will be automatically enrolled in the plan and 3% of your salary will be deducted and contributed each pay period and your contributions will be allocated as follows: You will be enrolled in one of the age appropriate JPMorgan Smart Retirement Funds based upon your current age. Please check box below if you do not wish to be automatically enrolled in the plan.			
Increases	I choose not to participate in my employer-sponsored retirement plan at this time. I understand I may revoke this election at a later date as provided by my plan.			

	Election to Auto Increase Deferral Percentage		I elect not to participate in the auto-escalation program. I also acknowledge that by electing not to participate, my contribution rate will not automatically increase by 1 % (annually) every July 1st.				
	Investment	Fill out	Option I, Option II, or Option III. Please complete only one.				
	Allocation) (Please fill out Option I, Option II,	Ry com	pletion 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.					
	or Option III. Do not	Please refer to the Retirement Workbook for more information on rebalancing and age adjustment.					
	fill out more than one section.)	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.					
		preferer	gstar uses a holistic, total wealth approach steeped in research that considers an investor's unique risk notes and risk capacity to map an investor to the most appropriate overall stock and bond mix in weights and the optimal combination of "accumulation-oriented" characteristics vs. given the unique profile of the investor.				
		In applying particular asset allocation models to your individual situation, you should consider your other assets, income, and investments (e.g., equity in a home, Social Security benefits, individual retirement plan investments, savings accounts, and interests in other qualified and non-qualified plans) in addition to your interests in the plan.					
		There are other designated investment alternatives that have similar risk and return characteristics available and can be viewed in the "design your own allocation section" of this form. More information on these investment alternatives is available by logging on to prudential.com/online/retirement or by calling the number listed on this form.					
		investin defined	ormational or educational purposes only. This material is not intended as advice or recommendation about ag or managing your retirement savings. By sharing it, Prudential Retirement is not acting as your fiduciary as by the Department of Labor's Fiduciary rule or otherwise. If you need investment advice, please consult with a d professional.				

Investment Allocation (continued) (Please fill	pelow, your contributions will be k tolerance and years left until re, which adjusts your allocations						
out Option I, Option II,	Select Your Risk Tolerance						
or Option III. Do not fill out more than one	Confirm Your Expected Retirem	ent Age					
section.)	Expected Retirement Age: 6						
	Yes. Please use the default Ex	1					
	□ No. Please use □ as	my expected retirement ac	Je.				
	OR						
	the model portfolios selected belo information within the option 1 sec characteristics as noted in the "de these investment alternatives is a listed on this form.	ction above and that I havesign you own investment	e received a list of investi allocation section" of this	ments with similar risk and return s document. More information on			
	Time Horizon		GoalMaker Model Po				
	(years until retirement)	Conservative	(check one box or Moderate	nly) Aggressive			
	0 to 5 Years		☐ M01	R01			
	6 to 10 Years	□ C02	□ M02	□ R02			
	11 to 15 Years	□ C03	□ M03	□ R03			
	16 + Years	□ C04	☐ M04	□ R04			
	OR						

Investment Allocation (continued)

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%.)

(Please fill out Option I, Option II, or Option III. Do not fill out more than one section.)

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

Your	Codes	Investment Options
Contributions	N 41 1	IDM Count Dating on the count Date
	MU	JPMorgan SmartRetirement Income R6
	MB	JPMorgan SmartRetirement 2020 R6
% ~~	MC	JPMorgan SmartRetirement 2025 R6
% ~	MM	JPMorgan SmartRetirement 2030 R6
	MP	JPMorgan SmartRetirement 2035 R6
	MQ	JPMorgan SmartRetirement 2040 R6
%	MR	JPMorgan SmartRetirement 2045 R6
%	MS	JPMorgan SmartRetirement 2050 R6
%	MT	JPMorgan SmartRetirement 2055 R6
%	EP	JPMorgan SmartRetirement 2060 R6
	C3	MW Metropolitan West Tot Ret Bond Fund *
%	K7	American Balanced Fund R6
	0U	American Funds Capital World Growth and Income Fund R6
	K8	American Funds EuroPacific Growth Fund R6*
	54	Gabelli Small Cap Growth I
	MV	MassMutual Select Mid Growth Eq II
L	K9	American Funds Growth Fund of Amer R6
	AB	Guaranteed Interest Account*
	PΕ	Oakmark I
	KP	JP Morgan High Yield R6
	SQ	MFS Value R6*
	TA	Oppenheimer International Growth
	M3	Prudential Jennison Growth Fund Z
L	CF	TIAA CREF Mid Cap Value*
	KU	Vanguard Institutional Index Fund I
%	DX	Wells Fargo Emerging Growth*
%	RP	Vanguard Mid Cap
	BR	Columbia Balanced Y
%	18	American Beacon Small Cap Val Inst*
%	E3	Prudential Jennison Growth Fund*
1 0 0 %	Total	

^{*}Investments available to the GoalMaker asset allocation offering.

Y	our our		I authorize allocations as directed above in compliance with the terms of the plan.				
A	uthorization		I choose not to participate in my employer-sponsored retirement plan.				
		Signature	e X	Date			