



STATE OF CONNECTICUT 403(b) 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. Send completed form to the following address or fax it to **1-866-439-8602**. If faxing, please keep original for your records.

Prudential

30 Scranton Office Park Scranton, PA 18505-5370

Questions?

Call 1-844-505-SAVE for assistance.

About You	Plan number _ 0 _ 1 _ 0 _ 0 _ 8 _ 3_													
	Employee Rcd # Pay Group Employee ID													
	Note: this information is required and can be found on an employee's pay stub.													
	Social Security number Original date employed													
	L - -													
	First name MI Last name													
	Address													
	City State ZIP code													
	Date of birth Gender Daytime telephone number													
	M F M													
	month day year area code Date of rehire (To be completed by your Plan Representative, if applicable.)													
	Date of forme (10 bo completed by your fair reprocentative, if applicable.)													
	month day year													
	Marital status: Married Not married													

Contribution Information

IMPORTANT: If enrolling for the purposes of deferring a portion of your Vacation & Sick Payout, please refer to the instructions on the Deferral of Vacation & Sick Payout Form. **You must monitor your contributions to ensure you do not exceed the IRS annual limits.** I understand my contribution election will remain in effect until I separate from State service, change or suspend my contribution amount online or via paper form, or reach the maximum annual limit.

Employees who are employed by multiple 403(b) eligible agencies or within multiple higher educational positions must provide the employee record number that corresponds to the job from which they wish to have their 403(b) Plan deferral taken. Note that the employee record number is different from your employee number and will differ from job to job or agency to agency. Contact your agency human resource or payroll department to obtain the specific employee record number that corresponds to the job from which the Plan deferrals will be taken. Forms will be returned if the employee record number is missing. If you are electing 403(b) deferrals from more than one eligible agency and/or job, you must complete a separate form for each.

PLEASE NOTE: if your election exceeds the NET amount of your paycheck, no deduction will be processed.



Contribution
Accelerator

I elect to participate in the contribution accelerator program. I also acknowledge that by electing to participate, my per
paycheck contribution amount will automatically increase by \$25.00 every July to a maximum of \$1,000, unless I opt otherwise.
To specify an alternate amount and annual increase date, please complete below.

per paycheck contribution accelerator amount	(annual increase date)
per payorieck continuation accelerator amount	(aiiiuai iiiciease uale)

Investment Allocation

(Please fill out Option I, Option II, or Option III. Do not fill out more than one option.) Fill out Option I, Option II, or Option III. Please complete only one option.

By completion 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, or your years to retirement. You also direct Prudential to automatically rebalance your account quarterly according to the model portfolio chosen. Enrollment in GoalMaker can be canceled at anytime.

Please refer to ctdcp.com for more information on GoalMaker and the rebalancing and age adjustment features.

Option I or Option II must be completed accurately, otherwise your investment allocation will be placed in GoalMaker with age adjustment.

Option I – Choose GoalMaker with Age Adjustment

By selecting your risk tolerance, and confirming your expected retirement age below, your contributions will be automatically invested in a GoalMaker model portfolio that is based on your risk tolerance and years left until retirement. You also confirm your participation in GoalMaker's age adjustment feature, which adjusts your allocations over time based on your years left until retirement.

Select Your Risk Tolerance	Conservative	Moderate	Aggressive	
Confirm Your Expected Retirement Ag	је			
Expected Retirement Age: 6 5				
Yes. Please use the default Expected	d Retirement Age liste	ed above.		
No. Please use as my ex	pected retirement age	е.		

OR

Option II – Choose GoalMaker without Age Adjustment

Time Horizon

I do not want to take advantage of GoalMaker's age adjustment feature. Please invest my contributions according to the model portfolios selected below.

GoalMaker Model Portfolio

(years to retirement)		(check one box only)	
	Conservative	Moderate	Aggressive
26 Plus Years to retirement			
21 to 25 Years to retirement			
16 to 20 Years to retirement			
11 to 15 Years to retirement			
6 to 10 Years to retirement			
0 to 5 Years to retirement			
Time Horizon (years in retirement)		GoalMaker Model Portfolio (check one box only)	
	Conservative	Moderate	Aggressive
0 to 5 Years in retirement			
6 to 10 Years in retirement			
11 Plus Years in retirement			
	0.0		

OR

Investment Allocation (continued)

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

Option III – Design your own investment allocation

If you would like to design your own asset allocation <u>instead of</u> 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%.)

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.

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

Percent Allocated	Codes	Investment Options
<u> </u>	XT	Connecticut Stable Value Fund
%	C3	MetWest Total Return Bond Fund
%	3T	Vanguard® Total Bond Market Index Fund - Institutional
%	D1	Vanguard® Inflation-Protected Securities Fund - Inst
%	RG	Calvert Bond Portfolio - Class I
%	WR	Vanguard® Institutional Index Fund - Institutional Plus
%	ΚV	American Funds American Mutual Fund® - Class R-6
%	CB	TIAA-CREF Social Choice Equity Fund - Institutional Class
%	2L	TIAA-CREF Large-Cap Growth Index Fund
%	SB	TIAA-CREF Equity Index Fund - Institutional Class
%	CH	Wells Fargo Premier Large Co GR- R6
%	D9	T. Rowe Price Diversified Mid Cap Gr I
%	RR	Vanguard® REIT Index Fund - Institutional Shares
<u> </u>	RP	Vanguard® Mid-Cap Index Fund - Institutional Shares
<u> </u>	1G	JPMorgan Mid Cap Value Fund - Class I Shares
<u> </u>	H7	Vanguard [®] Explorer™ Fund - Admiral™ Shares
<u> </u>	KB	TIAA-CREF Small-Cap Blend Index Fund - Institutional Class
<u> </u>	RK	DFA Real Estate Securities Portfolio - Institutional Class
<u> </u>	EE	TIAA-CREF International Equity Index Fund - Institutional CI
	K8	American Funds EuroPacific Growth Fund® - Class R-6
_1 _0_0_%	Total	

Important	Informa	tion con	tinued on	the f	ol	lowing	pag	j
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Your Beneficiary Designation

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below. Please list additional beneficiaries, along with percentages they are to receive on a separate page, if needed. Indicate whether the additional beneficiary(ies) is/are primary or secondary beneficiary(ies). The use of My Living Children or Per Stirpes as types of beneficiary designations are not permissible. Please provide the specific names and information on the form for the individuals you want to designate. Please use whole percentages.

Primary Beneficiaries - You must make sure all your percentages in the primary section total 100%

	<u> </u>						
Full Legal Name:	SSN:	Date of Birth:	Birth:				
Address:							
Relationship to you:	Telephone Number:		Percentage:				
Full Legal Name:	SSN:	Date of Birth:	ı:				
Address:							
Relationship to you:	Telephone Number:		Percentage:				
		•					
Full Legal Name:	SSN:	Date of Birth:					
Address:							
Relationship to you:	Telephone Number:		Percentage:				
Secondary Beneficiaries – You must make sure all yo	our percentages in the secondary s	section total	1100%				
Full Legal Name:	SSN:	Date of Birth:					
Address:							
Relationship to you:	Telephone Number:		Percentage:				
Full Legal Name:	SSN:	Date of Birth:					
Address:							
Relationship to you:	Telephone Number:		Percentage:				
Full Legal Name:	SSN:	Date of Birth:	ate of Birth:				
Address:							
Relationship to you:	Telephone Number:		Percentage:				

Trusted Contact	You may, but are not required to, name Prudential in the event of suspected finantinformation as possible to assist Prudential	icial e	exp	oloita	ition.	lf des	signa	ating	g a tr	uste	d c	onta								
	First name	MI		Last	nam	е														
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	area code			┙	L ar	ea cod	de		- ∟											
	Business phone number*				Rela	ations	ship													
	area code			_												L		L		
	*At least one phone number is required.																			
	By choosing to provide information about Prudential Investment Management Servabout your account to that person in the the specifics of your current contact infor holder of a power of attorney, or as other Please note that if you have other account each of your accounts.	rices follo matio wise	Ll owi on pe	₋C, to ng ci , hea ermitt	o con ircum Ith st ed by	tact t stand atus, FINI	he to es: or th	rust to a he i Rule	ted of addre dent 216	onta ess ity o 55 (F	act I pos: f an inai	isted sible y led ncial	l abo fina gal g Exp	ove ancia guard oloita	and I exp dian, tion	discloitate exe of S	lose ation cuto peci	info n, to or, tru fied	rmat conf ustee Adul	tion firm e or lts).
Your Authorization	I certify that the information above is accumy salary to the Plan according to the ins					e an	d I gi	ive	my e	empl	oye	r pe	mis	sion	to co	ontrib	oute	a po	ortio	n of
	Signature X								_	Date) mo	<u> </u>		l day		year	<u> </u>		1	J
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Social Security number