

**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 1

Select *only* one:

State Agency      Probate Courts  
Municipality/Local Government

Employee Rcd #	Department ID	Pay Group	Employee ID
_____	_____	_____	_____

**Note:** If a State Agency employee, this information is required and can be found on an employee's pay stub.

Social Security number

\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Original date employed

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month      day      year

First name

\_\_\_\_\_  
\_\_\_\_\_

MI      Last name

\_\_\_\_\_  
\_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_

City

\_\_\_\_\_  
\_\_\_\_\_

State      ZIP code

Date of birth

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month      day      year

Gender

M      F

Daytime telephone number

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
area code

Date of rehire (To be completed by your Plan Representative, if applicable.)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
month      day      year

Marital status:

Married      Not married

**Amount to be Deferred**

**Before-Tax Contribution Election.** I wish to contribute \$ \_\_\_\_\_, \_\_\_\_\_ .00 of my salary per pay period.

**After-Tax (Roth) Contribution Election.** I wish to contribute \$ \_\_\_\_\_, \_\_\_\_\_ .00 of my salary per pay period.

**IMPORTANT:** If enrolling for the purposes of deferring a portion of your Vacation & Sick Payout, you must complete 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, or the maximum annual limit is reached.

**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)

**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 Age**

Expected Retirement Age:   6     5  

Yes. Please use the default Expected Retirement Age listed above.

No. Please use      as my expected retirement age.

**OR**

**Option II – Choose GoalMaker *without* Age Adjustment**

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

**Time Horizon**  
(years to retirement)

**GoalMaker Model Portfolio**  
(check one box only)

- 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

Conservative                      Moderate                      Aggressive

**Time Horizon**  
(years in retirement)

**GoalMaker Model Portfolio**  
(check one box only)

- 0 to 5 Years in retirement
- 6 to 10 Years in retirement
- 11 Plus Years in retirement

Conservative                      Moderate                      Aggressive

**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 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%.)

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
<input type="text"/> % <input type="text"/>	XT	Connecticut Stable Value Fund
<input type="text"/> % <input type="text"/>	C3	MetWest Total Return Bond Fund
<input type="text"/> % <input type="text"/>	3T	Vanguard® Total Bond Market Index Fund - Institutional
<input type="text"/> % <input type="text"/>	D1	Vanguard® Inflation-Protected Securities Fund - Inst
<input type="text"/> % <input type="text"/>	RG	Calvert Bond Portfolio - Class I
<input type="text"/> % <input type="text"/>	WR	Vanguard® Institutional Index Fund - Institutional Plus
<input type="text"/> % <input type="text"/>	KV	American Funds American Mutual Fund® - Class R-6
<input type="text"/> % <input type="text"/>	CB	TIAA-CREF Social Choice Equity Fund - Institutional Class
<input type="text"/> % <input type="text"/>	2L	TIAA-CREF Large-Cap Growth Index Fund
<input type="text"/> % <input type="text"/>	SB	TIAA-CREF Equity Index Fund - Institutional Class
<input type="text"/> % <input type="text"/>	CH	Wells Fargo Premier Large Co GR- R6
<input type="text"/> % <input type="text"/>	D9	T. Rowe Price Diversified Mid Cap Gr I
<input type="text"/> % <input type="text"/>	RR	Vanguard® REIT Index Fund - Institutional Shares
<input type="text"/> % <input type="text"/>	RP	Vanguard® Mid-Cap Index Fund - Institutional Shares
<input type="text"/> % <input type="text"/>	1G	JPMorgan Mid Cap Value Fund - Class I Shares
<input type="text"/> % <input type="text"/>	H7	Vanguard® Explorer™ Fund - Admiral™ Shares
<input type="text"/> % <input type="text"/>	KB	TIAA-CREF Small-Cap Blend Index Fund - Institutional Class
<input type="text"/> % <input type="text"/>	RK	DFA Real Estate Securities Portfolio - Institutional Class
<input type="text"/> % <input type="text"/>	EE	TIAA-CREF International Equity Index Fund - Institutional Cl
<input type="text"/> % <input type="text"/>	K8	American Funds EuroPacific Growth Fund® - Class R-6
<input type="text"/> <b>1 0 0</b> %	<b>Total</b>	

**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%**

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:
Address:		
Relationship to you:	Telephone Number:	Percentage:

**Secondary Beneficiaries – You must make sure all your percentages in the secondary section total 100%**

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:
Address:		
Relationship to you:	Telephone Number:	Percentage:

**Trusted Contact**

You may, but are not required to, name a trusted contact person who is intended to be a resource that could assist Prudential in the event of suspected financial exploitation. If designating a trusted contact below, please provide as much information as possible to assist Prudential in reaching the trusted contact, if needed.

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Email address \_\_\_\_\_

Cell phone number\* \_\_\_\_\_  
*area code*

Home phone number\* \_\_\_\_\_  
*area code*

Business phone number\* \_\_\_\_\_  
*area code*

Relationship \_\_\_\_\_

\*At least one phone number is required.

By choosing to provide information about a trusted contact, you authorize Prudential and its affiliated broker-dealer, Prudential Investment Management Services LLC, to contact the trusted contact listed above and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults). Please note that if you have other accounts with Prudential Retirement, the trusted contact named above will apply to each of your accounts.

**Your Authorization**

I certify that the information above is accurate and complete and I give my employer permission to contribute a portion of my salary to the Plan according to the instructions above.

Signature **X** \_\_\_\_\_

Date \_\_\_\_\_  
*month day year*