

## Salary Deferral Authorization For Deferred Compensation Programs

STATE OF CONNECTICUT 457(b) PLAN

### Instructions

Please print using blue or black ink. This form is 2 pages. If both pages are not completed and returned, we cannot process your request. Keep a copy of this form for your records and return the original form to Prudential or fax it to 1-866-439-8602. This form should only be used if you are changing your contribution rate.

Prudential  
30 Scranton Office Park  
Scranton, PA 18507-1789

*Questions?*  
Call 1-844-505-SAVE  
for assistance.

### About You

Plan number

| 0 | 1 | 0 | 0 | 8 | 1 |

Employee record number (Required if State Agency employee)

| | | |

Social Security number

| | | | | | | | | | | |

Gender

| | M | | |

| | F | | |

Daytime telephone number

| | | | | - | | | | | - | | | | |  
*area code*

First name

| | | | | | | | | | | |

MI

Last name

| | | | | | | | | | | |

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

| | | | | |  
*month       day       year*

### Agreement

For the purpose of obtaining the benefits of Section 457 of the Internal Revenue Code, until further notice, I authorize my employer to reduce my salary by:

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

**IMPORTANT: You must monitor your contributions to ensure you do not exceed the IRS annual limits.** Any contribution changes received will be effective the next pay period as indicated in the Prudential Payroll Cut-Off Schedule. The cut-off date is the last date that a participant can submit a change for the corresponding check date. Forms and online transactions processed by 4:00 p.m. by the cut-off date will be effectuated on the corresponding paycheck date. If an employee misses a cut-off date their enrollment or change will be effectuated on the next bi-weekly period.

The amount of each salary reduction made as described above shall be transmitted to Prudential as a contribution under the above mentioned Plan number issued by Prudential, the terms of which confer upon me non-forfeitable rights to the benefits provided by such contributions. This salary reduction agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. 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.

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**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)

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**Your  
Authorization**

I hereby authorize my employer to make payroll deductions as I have indicated.

  X   \_\_\_\_\_ Date    |    |     
*Participant's signature*

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Social Security number \_\_\_\_\_