

STATE OF CONNECTICUT TIER IV DEFINED CONTRIBUTION 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 1 8 4

Social Security number

_____ - _____ - _____

Daytime telephone number

_____ - _____ - _____
area code

First name

MI

Last name

Address

City

State

ZIP code

Date of birth

Gender

Original date employed

_____/_____/_____
month day year

M F

_____/_____/_____
month day year

Marital status:

Married

Not married

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)

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

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"/> 1 0 0 %	Total	

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:

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					

STCT_FM_RE14_01

Social Security number _____