

# Enrollment Form

## STATE OF CONNECTICUT ALTERNATE RETIREMENT PROGRAM (ARP)

### 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 2

Sub plan number

0 0 0 0 0 1

Social Security number

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

Daytime telephone number

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

area code

First name

\_\_\_\_\_

MI

Last name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

ZIP code

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

Date of birth

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

Gender

M

F

Original date employed

\_\_\_\_ 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 (expected years until retirement)	Conservative	Moderate (check one box only)	Aggressive
0 to 5 Years	<input type="checkbox"/> C01	<input type="checkbox"/> M01	<input type="checkbox"/> R01
6 to 10 Years	<input type="checkbox"/> C02	<input type="checkbox"/> M02	<input type="checkbox"/> R02
11 to 15 Years	<input type="checkbox"/> C03	<input type="checkbox"/> M03	<input type="checkbox"/> R03
16 + Years	<input type="checkbox"/> C04	<input type="checkbox"/> M04	<input type="checkbox"/> R04

**OR**

Important Information continued on the following pages

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

**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
_ _ _ _  %	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
_ _ _ _  %	KV	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
_ _ _ _  %	4K	Fidelity VIP Contrafund Portfolio - Initial Class
_ _ _ _  %	SR	Wells Fargo Premier Large Company Growth Fd - Inst
_ _ _ _  %	4L	Fidelity VIP Mid Cap Portfolio - Initial Class
_ _ _ _  %	RR	Vanguard® REIT Index Fund - Institutional Shares
_ _ _ _  %	RP	Vanguard® Mid-Cap Index Fund - Institutional Shares
_ _ _ _  %	1G	JPMorgan Mid Cap Value Fund - Class I Shares
_ _ _ _  %	H7	Vanguard® Explorer™ Fund - Admiral™ Shares
_ _ _ _  %	KB	TIAA-CREF Small-Cap Blend Index Fund - Institutional Class
_ _ _ _  %	RK	DFA Real Estate Securities Portfolio - Institutional Class
_ _ _ _  %	EE	TIAA-CREF International Equity Index Fund - Institutional CI
_ _ _ _  %	K8	American Funds EuroPacific Growth Fund® - Class R-6
<b>1</b>   <b>0</b>   <b>0</b>     %	<b>Total</b>	

Important Information continued on the following page

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

**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).

**(A) Primary Beneficiary(ies)**

\_\_\_\_\_  
**FULL LEGAL NAME**

\_\_\_\_\_  
 Address

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

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

\_\_\_\_\_  
 Date of birth My Relationship

\_\_\_\_\_  
 Telephone number

\_\_\_\_\_  
**FULL LEGAL NAME**

\_\_\_\_\_  
 Address

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

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

\_\_\_\_\_  
 Date of birth My Relationship

\_\_\_\_\_  
 Telephone number

\_\_\_\_\_  
**FULL LEGAL NAME**

\_\_\_\_\_  
 Address

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

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

\_\_\_\_\_  
 Date of birth My Relationship

\_\_\_\_\_  
 Telephone number

**Please use whole percentages - must total 100%.**

**(B) Secondary Beneficiary(ies)**

\_\_\_\_\_  
**FULL LEGAL NAME**

\_\_\_\_\_  
 Address

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

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

\_\_\_\_\_  
 Date of birth My Relationship

\_\_\_\_\_  
 Telephone number

\_\_\_\_\_  
**FULL LEGAL NAME**

\_\_\_\_\_  
 Address

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

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

\_\_\_\_\_  
 Date of birth My Relationship

\_\_\_\_\_  
 Telephone number

\_\_\_\_\_  
**FULL LEGAL NAME**

\_\_\_\_\_  
 Address

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

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

\_\_\_\_\_  
 Date of birth My Relationship

\_\_\_\_\_  
 Telephone number

**Please use whole percentages - must total 100%.**

**Your Authorization**

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

Signature  X

Date \_\_\_\_\_

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