

Enrollment Form

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

____/____/____
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 hire (To be completed by your Plan Representative, if applicable.)

____/____/____
month day year

Marital status: Married Not married

Contribution Information

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: 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, reach the maximum annual limit, or have my contributions suspended for a 6-month period following a hardship withdrawal under the Plan.

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.

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	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
1 0 0 %	Total	

Important Information continued on the following pages

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). **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:

Important information and signature is required on the following page.
The signature page must be provided in order for your enrollment to be processed.

Social Security number _____

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* _____ Home phone number* _____
area code area code

Business phone number* _____ Relationship _____
area code

*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 _____

Social Security number _____