

**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 hire (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.

**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, 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, the maximum annual limit is reached, or my contributions are suspended for a 6- month period following an unforeseen emergency withdrawal.

**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<br>(expected years until retirement) | GoalMaker Model Portfolio<br>(check one box only) |                              |                              |
|---|---|------------------------------|------------------------------|
|   | 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 page

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 0 0</b> %    | <b>Total</b> |  |

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:    |

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