State of Connecticut
Defined Contribution Plans
CONNECTING TO YOUR FUTURE

Salary Deferral Authorization For Deferred Compensation Programs

STATE OF CONNECTICUT 403(b) PLAN

Instructions

Please print using blue or black ink. 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 3

Sub plan number: _____

Social Security number: ___ - __ - ____

Daytime telephone number: ___ – ___ – ____
area code

First name _____ MI ___ Last name _____

Agreement

For the purpose of obtaining the benefits of Section 403(b) 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 compensation per pay period.

☐ 50+ Catch-Up Election – Must be at least 50.

For 403(b) participants who contribute from multiple employee record numbers with the same Agency, the lower record number is used for online transactions. Paper contribution change forms, shall be used for additional multiple employee record deductions for the same agency.

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 paid while it is in effect. The number of times I may change this agreement is subject to any restrictions in my employer's 403(b) plan.

Your Authorization

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

X _____ *Date* ____ | ____ | ____
Participant's signature