

## Salary Deferral Authorization For Deferred Compensation Programs

STATE OF CONNECTICUT 457(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	Plan number Sub plan number	
You	<u> </u>	
	Social Security number Daytime telephone number	
	First name MI Last name	
Agreement	For the purpose of obtaining the benefits of Section 457 of the Internal Revenue Code, until further notice, I authorized my employer to reduce my salary by:	
	☐ Before-Tax Contribution Election. I wish to contribute \$	
	Roth (After-Tax) Contribution Election. I wish to contribute \$	
	<ul> <li>50+ Catch-Up Election – Must be at least 50.         You must elect your Normal Retirement Age before you will be permitted to make any Catch-up contributions under the Plan. I hereby elect age as my Normal Retirement Age, which I will attain in 20 I understand that this election is irrevocable and cannot be changed.</li> <li>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.</li> <li>The amount of each salary reduction made as described above shall be transmitted to Prudential as a contribution for the purchase of an annuity 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 earned while it is in effect. The number of times I may change this agreement is subject to any restrictions in my employer's program.</li> </ul>	
Your Authorization	I hereby authorize my employer to make payroll deductions as I have indicated.	
	X Date	
	X Date Participant's signature	<del></del>

