

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

Gender

Daytime telephone number

 M F area code

Date of rehire (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: 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.



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)

0 to 5 Years

6 to 10 Years

11 to 15 Years

16 + Years

Conservative

☐ C01

☐ C02

☐ C03

☐ C04

GoalMaker Model Portfolio
(check one box only)

Moderate

☐ M01

☐ M02

☐ M03

☐ M04

Aggressive

☐ R01

☐ R02

☐ R03

☐ 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
<input type="text"/> <input type="text"/> <input type="text"/> %	XT	Connecticut Stable Value Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	C3	MetWest Total Return Bond Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	3T	Vanguard® Total Bond Market Index Fund - Institutional
<input type="text"/> <input type="text"/> <input type="text"/> %	D1	Vanguard® Inflation-Protected Securities Fund - Inst
<input type="text"/> <input type="text"/> <input type="text"/> %	RG	Calvert Bond Portfolio - Class I
<input type="text"/> <input type="text"/> <input type="text"/> %	WR	Vanguard® Institutional Index Fund - Institutional Plus
<input type="text"/> <input type="text"/> <input type="text"/> %	KV	American Funds American Mutual Fund® - Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	CB	TIAA-CREF Social Choice Equity Fund - Institutional Class
<input type="text"/> <input type="text"/> <input type="text"/> %	2L	TIAA-CREF Large-Cap Growth Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	SB	TIAA-CREF Equity Index Fund - Institutional Class
<input type="text"/> <input type="text"/> <input type="text"/> %	4K	Fidelity VIP Contrafund Portfolio - Initial Class
<input type="text"/> <input type="text"/> <input type="text"/> %	SR	Wells Fargo Premier Large Company Growth Fd - Inst
<input type="text"/> <input type="text"/> <input type="text"/> %	4L	Fidelity VIP Mid Cap Portfolio - Initial Class
<input type="text"/> <input type="text"/> <input type="text"/> %	RR	Vanguard® REIT Index Fund - Institutional Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	RP	Vanguard® Mid-Cap Index Fund - Institutional Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	1G	JPMorgan Mid Cap Value Fund - Class I Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	H7	Vanguard® Explorer™ Fund - Admiral™ Shares
<input type="text"/> <input type="text"/> <input type="text"/> %	KB	TIAA-CREF Small-Cap Blend Index Fund - Institutional Class
<input type="text"/> <input type="text"/> <input type="text"/> %	RK	DFA Real Estate Securities Portfolio - Institutional Class
<input type="text"/> <input type="text"/> <input type="text"/> %	EE	TIAA-CREF International Equity Index Fund - Institutional CI
<input type="text"/> <input type="text"/> <input type="text"/> %	K8	American Funds EuroPacific Growth Fund® - Class R-6
<input type="text"/> <input type="text"/> <input type="text"/> %	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:

**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