

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

	301dilloll, 177 10303 3370	for assistance.
About	Plan number	
You	[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 co	ode
	Date of birth Gender Daytime telephone number	er
	month day year M _ F area code	L
	Date of rehire (To be completed by your Plan Representative, if applicable.)	
	month day year	
	month day year Marital status: ☐ Married ☐ Not married	
Contribution	☐ Before-Tax Contribution Election. I wish to contribute \$00	O of my salary per pay period.
Information		
	Roth (After-Tax) Contribution Election. I wish to contribute \$ period.	00 of my salary per pay
	IMPORTANT: You must monitor your contributions to ensure you do not exceunderstand my contribution election will remain in effect until I separate from State se	



a 6-month period following a hardship withdrawal under the Plan.

contribution amount online or via paper form, reach the maximum annual limit, or have my contributions suspended for

Investment	Fill out Option I, Option II, or Opti	on III. Please complet	e only <u>one</u> option.		
Allocation (Please fill out Option I, Option II,	By completion of Option I or Option II you enroll in GoalMaker, Prudential's asset allocation program, and you di Prudential to invest your contribution(s) according to a GoalMaker model portfolio that is based on your risk tolera and time horizon, or your years to retirement. You also direct Prudential to automatically rebalance your according to a GoalMaker model portfolio that is based on your risk toleration.				
or Option III. Do not fill out					
more than one option.)	more than Option I or Option II must be completed accurately, otherwise your investment allocation will be placed in Go with age adjustment.			n will be placed in GoalMake	
	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 untirement. You also confirm your participation in GoalMaker's age adjustment feature, which adjusts your allocation over time based on your years left until retirement.				
	Select Your Risk Tolerance	☐ Conservative	☐ Moderate	☐ Aggressive	
	Confirm Your Expected Retiremen	ıt Age			
	Expected Retirement Age: L6 _ 5	I			
	 ☐ Yes. Please use the default Expected Retirement Age listed above. ☐ No. Please use				
	□ No. Please use □ □ as my	y expected retirement ag	e.		
		OF	<u> </u>		
	Option II – Choose GoalMaker I do not want to take advantage of the model portfolios selected below.			my contributions according to	
	Time Horizon (expected years until retirement)		GoalMaker Model Portfo (check one box only)		
	0 to 5 Years	Conservative Co1	Moderate ☐ M01	Aggressive □ R01	
	6 to 10 Years	□ C02	☐ M02	☐ R02	
	11 to 15 Years	□ C03	□ M03	☐ R03	
	16 + Years	□ C04	□ M04	□ R04	

OR

Social Security	number

Investment Allocation (continued) Option III – Design your own investment allocation

If you would like to design your own asset allocation <u>instead of</u> 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%.)

(Please fill out Option I, Option II, or Option III. Do not fill out more than one option.)

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 Codes Allocated		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
%	СВ	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
%	HT	Vanguard® Target Retirement 2025 Fund - Investor Shares
%	HS	Vanguard® Target Retirement 2015 Fund - Investor Shares
%	HU	Vanguard® Target Retirement 2035 Fund - Investor Shares
%	HV	Vanguard® Target Retirement 2045 Fund - Investor Shares
	HW	Vanguard® Target Retirement Income Fund - Investor Shares
1 0 0 %	Total	

Importan	nformation co	ntinued on th	ne foll	owina	pages

Your Beneficiary Designation

Social Security number___

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	n total 100%	
Full Legal Name:	SSN:	Date of B	irth:	
Address:				
Relationship to you:	Telephone Number:		Percentage:	
Full Legal Name:	SSN:	Date of B	irth:	
Address:				
Relationship to you:	Telephone Number:		Percentage:	
Full Legal Name:	SSN:	Date of Birth:		
Address:				
Relationship to you:	Telephone Number:		Percentage:	
_	st make sure all your percentages in	the secondary s	ection total 100%	
Full Legal Name:	SSN:	Date of B	irth:	
Address:				
Relationship to you:	Telephone Number:		Percentage:	
Full Legal Name:	SSN:	Date of B	irth:	
Address:				
Relationship to you:	Telephone Number:		Percentage:	
Full Legal Name:	SSN:	Date of B	irth:	
Address:				
Relationship to you:	Telephone Number:		Percentage:	
	ation above is accurate and complete and I on according to the instructions above.	give my employer p	permission to contribute a portio	
Signature X		Date _		