

**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 rehire (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:** 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 (expected years until retirement)	GoalMaker Model Portfolio (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
_____ %	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
<b>1 0 0</b> %	<b>Total</b>	

Important Information continued on the following page

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 \_\_\_\_\_