

Enrollment Form

STATE OF CONNECTICUT ALTERNATE RETIREMENT PROGRAM (ARP)

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.

Empower
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 2

Sub plan number

0 0 0 0 0 1

Social Security number

_____ - _____ - _____

Daytime telephone number

_____ - _____ - _____

area code

First name

MI

Last name

Address

City

State

ZIP code

Date of birth

____ month ____ day ____ year

Gender

M

F

Original date employed

____ month ____ day ____ year

Marital status: Married Not married

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, Empower's asset allocation program, and you direct Empower 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 Empower 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 (years to retirement)	Conservative	GoalMaker Model Portfolio (check one box only)		Aggressive
		Moderate		
26 Plus Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
21 to 25 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
16 to 20 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11 to 15 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6 to 10 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
0 to 5 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Time Horizon (years in retirement)	Conservative	GoalMaker Model Portfolio (check one box only)		Aggressive
		Moderate		
0 to 5 Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6 to 10 Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11 Plus Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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 Empower **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 Empower 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
_____ %	D9	T. Rowe Price Diversified Mid Cap Gr I
_____ %	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
1 0 0 %	Total	

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. If I have chosen to contribute to the Plan, 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 _____