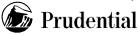


Enrollment Form

165

STATE OF CONNECTICUT TIER IV DEFINED CONTRIBUTION PLAN

Instructions	Please print using blue or black ink. N Send completed form to the following add Prudential 30 Scranton Office Park Scranton, PA 18505-5370 Plan number	OTE: ` dress c	You should use or fax it to 1-86	e this forr 6-439-86	n if you ar 02 . If faxir	ng, pleas	ng in the plan for the first time. se keep original for your records. Questions? Call 1-844-505-SAVE for assistance.
About You							
	Social Security number		Daytime te	elephone	number		
	First name	MI	area code Last Name				
	Address						
	City				State	ZIP co	de
	Date of birth	Gend	der M 🗖 F	Original	date emp	bloyed	
	Month day year			month	day	year	
	Marital status: D Married D Not m	narried					



Investment Allocation	Fill out Option I, Option II, or Option III. Please complete only one option.					
(Please fill out Option I, Option II, or 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.					
III. Do not fill out	Please refer to ctdcp.com for more information on GoalMaker and the rebalancing and age adjustment features.					
more than one option.)	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	🗖 C01	M 01	🗖 R01		
6 to 10 Years	🗖 C02	M 02	🗖 R02		
11 to 15 Years	🗖 C03	M 03	🗖 R03		
16 + Years	🗖 C04	□ м04	🗖 R04		
	OR				

Investment Option III – Design your own investment allocation

Allocation (continued) 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 II, Option II, 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.

or Option III. Do not fill out more than one 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	
%	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	
%	СН	Wells Fargo Premier Large Co GR-R6	
%	D9	T. Rowe Price Diversified Mid Cap GrI	
%	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	
100 %	Total		

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 Bir		th:	
Address:				
Relationship to you:	Telephone Number:		Percentage:	
			·	
Full Legal Name:	SSN: Date of B		rth:	
Address:				
elationship 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:
	1	
Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	o to you: Telephone Number:	
	1	
Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you: Telephone Number:		Percentage:

YourI certify that the information above is accurate and complete. If I have chosen to contribute to the Plan, I give myAuthorizationemployer permission to contribute a portion of my salary to the Plan according to the instructions above.

Signature X

Date _

STCTFM007