

Salary Deferral Authorization For Deferred Compensation Programs STATE OF CONNECTICUT 457(b) PLAN

Instructions	Please print using blue or black ink. Keep a copy of this form for your records and return the original form to Prudential or fax it to 1-866-439-8602. This form should only be used if you are changing your contribution rate.
	PrudentialQuestions?30 Scranton Office ParkCall 1-844-505-SAVEScranton, PA 18507-1789for assistance.
About	Plan number Employee record number (Required)
You	
	Social Security number Gender Daytime telephone number
	L F L L L [] M L F L L L L
	First name MI Last name
	Date of rehire (To be completed by your Plan Representative, if applicable.)
	<i>month day year</i> For the purpose of obtaining the benefits of Section 457 of the Internal Revenue Code, until further notice, I authorize
Agreement	my employer to reduce my salary by:
	Before-Tax Contribution Election. I wish to contribute \$,,00of 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. Any contribution changes received will be effective the next pay period as indicated in the Prudential Payroll Cut-Off Schedule. The cut-off date is the last date that a participant can submit a change for the corresponding check date. Forms and online transactions processed by 4:00 p.m. by the cut-off date will be effectuated on the corresponding paycheck date. If an employee misses a cut-off date their enrollment or change will be effectuated on the next biweekly period.
	The amount of each salary reduction made as described above shall be transmitted to Prudential as a contribution for the purchase of an annuity under the above mentioned Plan number issued by Prudential, the terms of which confer upon me non-forfeitable rights to the benefits provided by such contributions. This salary reduction agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. The number of times I may change this agreement is subject to any restrictions in my employer's program.
Your Authorization	I hereby authorize my employer to make payroll deductions as I have indicated.
	X Date Participant's signature
	Participant's signature