



# Enrollment Form

## NJ STATE EMPLOYEES DEFERRED COMPENSATION PLAN

### Instructions

Please print using blue or black ink. Please keep a copy for your records and send completed form to the following address or fax it to **1-866-439-8602**. If faxing, please keep original for your records. Please ensure the 'Your Authorization' section is included when you return the form.

**Prudential**  
30 Scranton Office Park  
Scranton PA 18507-1789

### Questions?

Call 1-866-NJSEDCP (1-866-657-3327) for assistance.

If you are hearing impaired and have a teletype (TTY) line, call 1-877-760-5166.

### About You

Plan number

0 0 6 1 4 9

Please provide your payroll center code

(Please refer to the key on the back of the page)

- New Employee  
 Rehire  
 Change Division/Department

Social Security number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Daytime telephone number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First name

MI

Last name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

ZIP code

\_\_\_\_\_

Date of birth

Gender

Original date employed

\_\_\_\_ month \_\_\_\_ day \_\_\_\_ year

M  F

\_\_\_\_ month \_\_\_\_ day \_\_\_\_ year

### Contribution Information

- Before-Tax Contribution Election.** I wish to contribute \_\_\_\_\_ % of my salary per pay period.
- Roth Contribution Election.** I wish to contribute \_\_\_\_\_ % of my compensation per pay period on a Roth (post-tax) basis.

**There are mandatory deductions that must be deducted prior to any deferred compensation contributions. Please keep this in mind when selecting your percentage.**

### Investment Allocation

Fill out Option I, Option II, or Option III. **Please complete only one.**

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

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. 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 be aware that any assets moved out of the state-managed investment options may not be reinvested in those options in the future. This includes assets that are moved as part of a rebalancing request, such as would occur with a GoalMaker enrollment.

Please refer to the Retirement Workbook for more information on rebalancing and age adjustment.

Option I or Option II must be completed accurately, otherwise your investment allocation will be placed in GoalMaker.

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.

**PAYROLL CENTER (PCEN) LISTING**

<b>Payroll Center Number</b>	<b>Payroll Center Name</b>
001	State of NJ, Centralized Payroll
002	Rutgers University (Livingston College, Cook College)
003	University of Medicine & Dentistry of NJ (Robert Wood Johnson)
004	NJ Institute of Technology
005	Palisades Interstate Park Commission
006	Ocean County Soil Conservation Dist.
007	NJ Water Supply Authority
008	South Jersey Port Corp.
009	Delaware River Basin Commission
010	New Jersey Meadowlands Development Commission
011	Waterfront Commission, New York Harbor
012	NJ Education Facilities Authority
013	Casino Reinvestment Authority
014	NJ Housing & Mortgage Finance Agency
015	The College of New Jersey
016	Ramapo College
017	Rowan University
018	William Paterson College
019	Thomas Edison State College
020	Kean College
021	Montclair State University
022	Stockton State College
023	New Jersey City University
024	Pinelands Commission
025	Atlantic City Convention Center Authority
026	Warren County Soil Conservation Dist.
027	NJ Health Care Facilities Financing Authority
028	Burlington County Soil Conservation Dist.
029	Mercer County Soil Conservation Dist.
030	Freehold Soil Conservation Dist. (Monmouth & Middlesex Counties)
031	Gloucester County Soil Conservation Dist.
032	Hunterdon County Soil Conservation Dist.
033	Morris County Soil Conservation Dist.
034	NJ Commerce & Economic Growth Commission
035	Camden County Soil Conservation Dist.
036	Lake Hopatcong Commission
037	New Jersey Building Authority
038	Compensation Rating & Inspection
039	South Jersey Economic
040	NJ Economic Development Authority
041	NJ Schools Development Authority

**Investment Allocation**  
(continued)

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

**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 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**

**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%.)

I wish to allocate my contributions to the Plan as follows:

Your Contributions	Codes	Investment Options
<u>    </u> %	MH	DCP Stable Value Fund
<u>    </u> %	7G	Core Bond Enhanced Index/PIM Fund
<u>    </u> %	B0	Core Plus Bond/PIMCO Fund
<u>    </u> %	W9	Vanguard Wellesley Income Fund
<u>    </u> %	WC	Hotchkis and Wiley Large Cap Value Fund A
<u>    </u> %	BM	Large Cap Value/LSV Asset Management Fund
<u>    </u> %	MI	Black Rock Large Cap Core Fund
<u>    </u> %	7P	Large Cap Blend/Victory Fund
<u>    </u> %	W4	Large Cap Blend Enhanced Index/QM
<u>    </u> %	W0	Vanguard Institutional Index Fund
<u>    </u> %	P2	Growth Fund of America
<u>    </u> %	23	Cal Social Inv Equity
<u>    </u> %	0L	Fidelity Contrafund
<u>    </u> %	BE	Large Cap Growth/Turner Investment Partners Fund
<u>    </u> %	VV	Mid Cap Value/CRM Fund
<u>    </u> %	W5	Mid Cap Blend Enhanced Index/QM
<u>    </u> %	W6	Alger MidCap Growth Fund Institutional I
<u>    </u> %	UG	Small Cap Value/TBCAM
<u>    </u> %	C0	Small Cap Growth/The Boston Company Fund
<u>    </u> %	W7	Third Avenue Value Fund
<u>    </u> %	P5	Amer: EuroPacific Growth
<u>    </u> %	BB	International Blend/Artio Fund
<u>    </u> %	W8	Dodge & Cox International Stock Fund
<u>  1  0  0  </u> %	<b>Total</b>	

**Your Authorization**

I direct my employer to make payroll deductions as I have indicated. I understand that upon enrollment, if my Plan allows, I will have telephone and/or internet privileges to perform transactions via Prudential's Interactive Voice Response service and Online Retirement Center.

Please note that if you have selected GoalMaker and you have an existing account balance in the four prior investment options (DCP Money Market Fund, DCP Bond Fund, DCP Equity Fund, and DCP Small Cap Equity Fund), these assets will be automatically redirected to the GoalMaker model portfolio on the same business day that you enroll. Your account will automatically rebalance at the end of each quarter thereafter. The four prior investment options were "frozen" on January 1, 2006, to any additions of capital. Any assets transferred from these four investment options, including the rebalancing performed by GoalMaker, into any of the new investment options added to the Plan on January 2, 2006, may not be transferred back into these four prior investment options.

Signature   X   Date



## Instructions For Choosing Your Beneficiary NJ STATE EMPLOYEES DEFERRED COMPENSATION PLAN

Please print using blue or black ink. Please keep a copy for your records and send the original form to the following address:

### Prudential

30 Scranton Office Park  
Scranton PA 18507-1789

### General Provisions

Any benefit that will be payable upon your death will be made to the person(s) named on the attached beneficiary form. Please be careful in completing the form; be sure that your designation is accurate, clear and understandable.

- A. The terms of the contract govern the payment of any benefit.
- B. Primary beneficiary(ies). If more than one person is named payment will be made in equal shares to the Primary beneficiary(ies) who is living at the time the benefit first becomes payable. If a percentage is indicated and a Primary beneficiary(ies) is not alive at the time the benefit first becomes payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary(ies).
- C. If there is no Primary beneficiary(ies) living at the time of the participant's death, any benefit that becomes payable will be distributed to the surviving Secondary beneficiary(ies) listed, if applicable.
- D. Payment to Secondary beneficiary(ies) will be made according to the rules of succession described under Primary beneficiary(ies) in provision B above.
- E. If no designated beneficiary(ies) is alive when payment is otherwise payable, payment will be made in accordance with the contract.
- F. If the option to purchase an annuity is available, once payments have begun, any settlement of any amount thereafter payable shall be governed by the terms of such annuity.
- G. If a Trust is named as beneficiary, any payment to the Trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received.

### Examples of Beneficiary Designations

If you feel that none of the examples below fit the type of beneficiary designation you want, please send a detailed description of what you propose to Prudential.

Use the term:

1. **"My Living Children"** if you want all your children (born or adopted of any marriage) living at the time of payment to equally share the benefit. This will also include all such children born or adopted after you completed the form. Do not include the names of your children if you use this term.
2. **"My Living Trust"** if you want to designate your Living Trust. You must also give the name(s) of the Trustee(s), name(s) of the successor Trustee(s) (Trustee and Successor Trustee cannot be the participant), the date of the Trust Agreement and the address if a bank or trust company is the Trustee.
3. **"My Testamentary Trust"** if you want to designate the Trust in your Last Will and Testament. Do not name your Trustee.
4. **"My Estate"** if you want the benefit to be paid to your estate.
5. **"(Name), Per Stirpes"** if you want the payment(s) to be paid up to and including the second generation of descendants. For example, if a beneficiary in such class is not living when a payment is due, such payment will be made in equal shares to any living sons and daughters (born or adopted of any marriage), of such beneficiary. If there are no living sons and daughters of such beneficiary when a payment is due, payment will be made to the estate of the last to die of the participant or such beneficiary. An example of a correct designation would be Jane Doe, Per Stirpes.





# Beneficiary Designation Form

## NJ STATE EMPLOYEES DEFERRED COMPENSATION PLAN

### About You

(Please print using blue or black ink.)

Plan number

0 0 6 1 4 9

Please provide your division/department name

(Please print entire division/department name)

Social Security number

Daytime telephone number

\_\_\_\_\_

\_\_\_\_\_

area code

First name

MI

Last name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

ZIP code

\_\_\_\_\_

### Questions?

Call 1-866-NJSEDCP (1-866-657-3327) for assistance.

If you are hearing impaired and have a teletype (TTY) line, call 1-877-760-5166.

### Your Beneficiary Designation

(See "Instructions for Choosing your Beneficiary")

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below.

#### (A) Primary Beneficiary(ies)

FULL LEGAL NAME

Address

Social Security number \_\_\_\_\_ %  
Percentage

Date of birth \_\_\_\_\_ My Relationship

FULL LEGAL NAME

Address

Social Security number \_\_\_\_\_ %  
Percentage

Date of birth \_\_\_\_\_ My Relationship

FULL LEGAL NAME

Address

Social Security number \_\_\_\_\_ %  
Percentage

Date of birth \_\_\_\_\_ My Relationship

Please use whole percentages - must total 100%.

#### (B) Secondary Beneficiary(ies)

FULL LEGAL NAME

Address

Social Security number \_\_\_\_\_ %  
Percentage

Date of birth \_\_\_\_\_ My Relationship

FULL LEGAL NAME

Address

Social Security number \_\_\_\_\_ %  
Percentage

Date of birth \_\_\_\_\_ My Relationship

FULL LEGAL NAME

Address

Social Security number \_\_\_\_\_ %  
Percentage

Date of birth \_\_\_\_\_ My Relationship

Please use whole percentages - must total 100%.

### Your Authorization

Signature **X**

Date \_\_\_\_\_

#### DID YOU REMEMBER TO:

- Sign the form
- Initial any changes
- Use whole numbers

