

Salary Deferral Change 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 <u>your records.</u>

Questions?

Prudential 30 Scranton Office Park Scranton, PA 18507 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.

If you are a new participant you must also complete the "REQUEST FOR ENROLLMENT" Form before authorizing payroll reductions or an account cannot be established for you.

About You	Plan number		Please provid	Please provide your division/department name	
You	(Please print entire division/department name)				
	Social	Security number		Daytime telephone number	
				area code	
	First na	ame	MI	Last name	
Contribution Acceleration				ation program. I also acknowledge that by electing to participate, my ase by 1% on the anniversary of my enrollment date up to a maximum o	
Agreement	For the purpose of obtaining the benefits of Section 457 of the Internal Revenue Code, until further notice, I my employer to reduce my salary as follows:				
		Before-Tax Contribut	ion Election. I wi	sh to contribute % of my salary per pay period.	
		Roth Contribution Ele Roth (post-tax) basis.	ection. I wish to	contribute % of my compensation per pay period on a	
	If you choose to contribute both Before-Tax Elective Deferrals and Roth, please indicate which one you would like Contribution Acceleration applied to. \square Before-Tax or \square Roth				
	There are mandatory deductions that must be deducted prior to any deferred compensation contributions. Please keep this in mind when selecting your percentage.				
	The amount of each salary reduction made as described above shall be transmitted to Prudential as soon as administratively possible. 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.				
	Х			Date	
	Your	Signature			

