



# 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

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
area code

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.

### Contribution Acceleration

- I elect to participate in the auto-escalation program. I also acknowledge that by electing to participate, my contribution rate will automatically increase by 1% on the anniversary of my enrollment date up to a maximum of 15% of my pay.

**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	Rutgers Biomedical & Health Sciences (RBHS)
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
042	University Hospital

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**Investment  
Allocation**

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

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

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 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.

If you choose GoalMaker and want to automatically, once eligible, allocate a portion of your retirement account to the IncomeFlex funds to help you generate guaranteed retirement income, please check this box.

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Important information and signature required on the following page

**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%.)

**Note:** Please read the Target Important Considerations Document prior to selecting the IncomeFlex Target Fund.

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/PIM Fund
<u>      </u> %	W9	Vanguard Wellesley Income Fund
<u>      </u> %	46	PIMCO All Asset Institutional Fund
<u>      </u> %	BM	Large Cap Value/LSV Asset Management Fund
<u>      </u> %	JL	Oppenheimer Developing Markets
<u>      </u> %	W4	QMA Large Cap Quantitative Core Equity Fund
<u>      </u> %	W0	Vanguard Institutional Index Fund
<u>      </u> %	23	Cal Equity Fund I
<u>      </u> %	0L	Fidelity Contrafund
<u>      </u> %	N7	Polen Capital Large Cap Growth Fund
<u>      </u> %	W5	QMA MidCap Quantitative Core Equity Fund
<u>      </u> %	UG	Small Cap Value/TBCAM
<u>      </u> %	C0	Small Cap Growth/RBC Fund
<u>      </u> %	JK	International Blend/Lazard Fund
<u>      </u> %	W8	Dodge & Cox International Stock Fund
<u>      </u> %	MD	DCP Equity Fund
<u>      </u> %	ME	DCP Small-Cap Equity Fund
<u>      </u> %	N2	Prudential IncomeFlex® Target Balanced Fund
<u>100</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.

Signature   X  

Date        /        /