



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 your records.

Prudential
30 Scranton Office Park
Scranton, PA 18507

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.

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

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

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.

Agreement

For the purpose of obtaining the benefits of Section 457 of the Internal Revenue Code, until further notice, I authorize my employer to reduce my salary as follows:

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.

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.

X

Your Signature

Date

____ | ____ | ____