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.

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.

If you choose to contribute both Before-Tax Elective Deferrals and Roth, please indicate which one you would like Contribution Acceleration applied to. ☐ Before-Tax or ☐ 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.

X
Your Signature

Date

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