



457 Governmental DCP Plan Catch-Up Election

NJ STATE EMPLOYEES DEFERRED COMPENSATION PLAN

Instructions

Please print using blue or black ink. 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 18507-1789

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 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

Eligibility Verification

Your catch-up years are the 3 years before the year you are eligible to retire.

Enter elected retirement date: _____
month year

You can choose to make your catch-up contributions as pre-tax contributions, Roth contributions, or a combination of both.

Enter TOTAL percentage of pre-tax contributions to be deferred: _____%

Enter TOTAL percentage of Roth contributions to be deferred: _____%

Your Authorization

I hereby acknowledge that I understand and accept the following provisions of the New Jersey State Employees Deferred Compensation Plan:

1. By making this election, I am setting the time period in which I may use the catch-up provision. If I continue to work past my elected retirement date contributions will be reduced to the normal maximum rate.
2. The retirement date I have elected for participation cannot be earlier than the date upon which I am eligible under the pension fund to receive full retirement benefits. If I will not become eligible to receive benefits under a pension plan, my age cannot be younger than 65.
3. If I am still employed after age 70½, my elected retirement date cannot be later than my actual date of separation from service.
4. I realize that this election can only be made once, and that this election is irrevocable, regardless of my use of the catch-up provisions available to me.

I hereby direct Prudential to implement the transaction indicated above. I affirm that the information given in this form is true and accurate.

X _____ Date _____
Participant's signature

