



**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 **1-570-340-4328**. If faxing, please keep original for your records. Please ensure the 'Your Authorization' section is included when you return the form.

**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.

**Prudential**

30 Scranton Office Park  
Scranton PA 18507-1789

**About You**

Plan number

0 0 6 1 4 9

Please provide your division/department name

(Please print entire division/department name)

- 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

Sex

Original date employed

\_\_\_\_ month \_\_\_\_ day \_\_\_\_ year

M  F

\_\_\_\_ month \_\_\_\_ day \_\_\_\_ year

**Contribution Information**

I wish to contribute \_\_\_\_\_ % of my salary (please fill in % in whole percentages) per pay period.

**Investment Allocation**  
*(Please fill out Option I or Option II. Do not fill out both sections)*

Complete Option I or Option II. **Do not fill out both sections.**

**Option I** Selection of model portfolio

By completion of Option I you enroll in GoalMaker<sup>SM</sup>, Prudential's asset allocation program, and you direct Prudential to invest your contribution according to the GoalMaker<sup>SM</sup> model portfolio you select below. Enrollment in GoalMaker<sup>SM</sup> can be canceled at any time by changing or exchanging your investment to a selection other than GoalMaker<sup>SM</sup>. Please read your Plan Highlights carefully before completing Option I.

**Time Horizon**  
(years until retirement)

**GoalMaker<sup>SM</sup> Model Portfolio (check one box only)**

0 to 5 Years

Conservative

Moderate

Aggressive

C01

M01

R01

6 to 10 Years

C02

M02

R02

11 to 15 Years

C03

M03

R03

16 Plus Years

C04

M04

R04

By enrolling in GoalMaker<sup>SM</sup> and selecting a GoalMaker<sup>SM</sup> model portfolio, you direct Prudential to automatically rebalance your account according to the model portfolio chosen on a quarterly basis.

Please be aware that any assets moved out of the state-managed investment options may not be reinvested in those options in the future. This includes assets that are moved as part of a rebalancing request, such as would occur with a GoalMaker enrollment.

Please read your Retirement Planning Guide for more information on rebalancing before completing Option I.

**Option II** Design your own investment allocation

If you would like to design your own asset allocation instead of selecting a GoalMaker<sup>SM</sup> model portfolio under Option I, 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%.)

I wish to allocate my contributions to the Plan as follows:

Your Contributions	Codes	Investment Options
_____ %	MH	Prudential Stable Value Fund
_____ %	7G	Core Bond Enhanced Index/PIM Fund
_____ %	B0	Core Plus Bond/PIMCO Fund
_____ %	W9	Vanguard Wellesley Income Fund
_____ %	0L	Fidelity Contrafund
_____ %	CI	Growth Fund of America R3
_____ %	7P	Large Cap Blend/Victory Fund
_____ %	BE	Large Cap Growth/Turner Investment Partners Fund
_____ %	BM	Large Cap Value/LSV Asset Management Fund
_____ %	MI	Merrill Lynch Large Cap Core I
_____ %	W4	Large Cap Blend Enhanced Index/QM
_____ %	W0	Vanguard Institutional Index Fund
_____ %	W6	Alger MidCap Growth Fund Institutional I
_____ %	WC	Hotchkis and Wiley Large Cap Value Fund A
_____ %	VV	Mid Cap Value/CRM Fund
_____ %	W7	Third Avenue Value Fund
_____ %	W5	Mid Cap Blend Enhanced Index/QM
_____ %	C0	Small Cap Growth/Granahan Fund
_____ %	UG	Small Cap Value/Munder Capital Fund
_____ %	W8	Dodge & Cox International Stock Fund
_____ %	CH	EuroPacific Growth Fund R3
_____ %	BB	International Equity/Julius Baer Fund
_____ %	1E	Calvert Social Investment Fund Equity
<b>1 0 0</b> %	<b>Total</b>	

This form must be completed accurately and received by Prudential Retirement **before** Prudential Retirement receives contributions on your behalf. If a completed form is not received, Prudential will invest contributions 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 Retirement to transfer any **existing** funds from the default investment option.

**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.

Please note that if you have selected GoalMaker and you have an existing account balance in the four prior investment options (DCP Money Market Fund, DCP Bond Fund, DCP Equity Fund, and DCP Small Cap Equity Fund), these assets will be automatically redirected to the GoalMaker model portfolio upon the next scheduled quarterly rebalance. The four prior investment options will be "frozen" on January 1, 2006, to any additions of capital. Any assets transferred from these four investments, including the rebalancing performed by GoalMaker, into any of the new investment options added to the Plan on January 2, 2006, may not be transferred back into these four prior investment options.

Signature   X  

Date        /        /



## Instructions For Choosing Your Beneficiary

### NJ STATE EMPLOYEES DEFERRED COMPENSATION PLAN

Please print using blue or black ink. Please keep a copy for your records and send the original form to the following address:

#### Prudential

30 Scranton Office Park  
Scranton PA 18507-1789

### General Provisions

Any benefit that will be payable upon your death will be made to the person(s) named on the attached beneficiary form. Please be careful in completing the form; be sure that your designation is accurate, clear and understandable.

- A. The terms of the contract govern the payment of any benefit.
- B. Primary beneficiary(ies). If more than one person is named payment will be made in equal shares to the Primary beneficiary(ies) who is living at the time the benefit first becomes payable. If a percentage is indicated and a Primary beneficiary(ies) is not alive at the time the benefit first becomes payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary(ies).
- C. If there is no Primary beneficiary(ies) living at the time of the participant's death, any benefit that becomes payable will be distributed to the surviving Secondary beneficiary(ies) listed, if applicable.
- D. Payment to Secondary beneficiary(ies) will be made according to the rules of succession described under Primary beneficiary(ies) in provision B above.
- E. If no designated beneficiary(ies) is alive when payment is otherwise payable, payment will be made in accordance with the contract.
- F. If the option to purchase an annuity is available, once payments have begun, any settlement of any amount thereafter payable shall be governed by the terms of such annuity.
- G. If a Trust is named as beneficiary, any payment to the Trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received.

### Examples of Beneficiary Designations

If you feel that none of the examples below fit the type of beneficiary designation you want, please send a detailed description of what you propose to Prudential.

Use the term:

1. **"My Living Children"** if you want all your children (born or adopted of any marriage) living at the time of payment to equally share the benefit. This will also include all such children born or adopted after you completed the form. Do not include the names of your children if you use this term.
2. **"My Living Trust"** if you want to designate your Living Trust. You must also give the name(s) of the Trustee(s), name(s) of the successor Trustee(s) (Trustee and Successor Trustee cannot be the participant), the date of the Trust Agreement and the address if a bank or trust company is the Trustee.
3. **"My Testamentary Trust"** if you want to designate the Trust in your Last Will and Testament. Do not name your Trustee.
4. **"My Estate"** if you want the benefit to be paid to your estate.
5. **"Per Stirpes"** if you want the payment(s) to be paid up to and including the second generation of descendants. For example, if a beneficiary in such class is not living when a payment is due, such payment will be made in equal shares to any living sons and daughters (born or adopted of any marriage), of such beneficiary. If there are no living sons and daughters of such beneficiary when a payment is due, payment will be made to the estate of the last to die of the participant or such beneficiary.



# Beneficiary Designation Form

## NJ STATE EMPLOYEES DEFERRED COMPENSATION PLAN

### About You

(Please print using blue or black ink.)

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

### 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.

### Your Beneficiary Designation

(See "Instructions for Choosing your Beneficiary")

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below.

#### (A) Primary Beneficiary(ies)

FULL LEGAL NAME

Address

Social Security number

Percentage %

Date of birth

My Relationship

FULL LEGAL NAME

Address

Social Security number

Percentage %

Date of birth

My Relationship

FULL LEGAL NAME

Address

Social Security number

Percentage %

Date of birth

My Relationship

Please use whole percentages - must total 100%.

#### (B) Secondary Beneficiary(ies)

FULL LEGAL NAME

Address

Social Security number

Percentage %

Date of birth

My Relationship

FULL LEGAL NAME

Address

Social Security number

Percentage %

Date of birth

My Relationship

FULL LEGAL NAME

Address

Social Security number

Percentage %

Date of birth

My Relationship

Please use whole percentages - must total 100%.

### Your Authorization

Signature X

Date \_\_\_\_\_

### DID YOU REMEMBER TO:

- Sign the form
- Initial any changes
- Use whole numbers