

PLAN HIGHLIGHTS

THE 403(b) PLAN



STATE OF CONNECTICUT DEFINED CONTRIBUTION PLANS

Eligibility	Employees of the below State educational institutions: <ul style="list-style-type: none">• University of Connecticut, including the University of Connecticut Health Center• State universities, including the Board of Regents• Community and technical colleges, including the boards of trustees• Department of Higher Education• Department of Education, including the vocational/technical high schools• Board of Academic Awards
Administration fee	0.0285% annually (for example, a participant with a \$10,000 account balance would pay an annual fee of \$2.85)
Withdrawal charges	None
Contributions	Maximum amount — \$23,000 for 2024* <ul style="list-style-type: none">• Pretax contributions: You pay no current federal or State income taxes on the money you contribute — or any of its earnings — until you begin making withdrawals in retirement (when you may be in a lower tax bracket).• After-tax (Roth) contributions: You make contributions on an after-tax basis, and you can take tax-free distributions if you have met the five-year holding period requirement and the distribution is due to:<ul style="list-style-type: none">• Attainment of age 59½.• Disability (as defined by the Internal Revenue Code).• Death.• Your Roth 403(b) contributions do not reduce your current tax liability. You pay taxes up-front — at your current tax rate — and potentially save taxes on your investment gains when you retire.• As a participant in the 403(b) Plan, you have access to the contribution accelerator, a retirement planning feature that can help you save more for retirement. It is available at no additional cost, and you can opt out at any time. Once you sign up for this feature, your contribution amount will automatically increase each July 1 (or the date of your choosing) by \$25 per paycheck, up to a maximum of \$1,000 each year. It's never been easier to systematically increase the amount you set aside for retirement.
Catch-up contributions	Age 50+ Catch-up: An additional \$7,500 for 2024*
Fund transfers	Currently, there are no restrictions on transfers among investment options (subject to any excessive trading policies in place.)
Plan-to-plan transfers	<ul style="list-style-type: none">• The plan accepts transfers of assets from a prior State of CT 403(b) Plan investment provider.• Transferred assets can only be withdrawn upon a distributable event.
Rollovers	<ul style="list-style-type: none">• The plan accepts rollovers from pretax 401, 403(b), and 457(b) Plans, traditional IRAs, and Roth accounts under 401, 403(b), or 457(b) Plans.• The plan does not accept rollovers of after-tax dollars or rollovers from Roth IRAs. Rollover assets may be withdrawn without a distributable event, but they may be subject to a 10% premature distribution penalty, unless an Internal Revenue Code exception applies.• Consider all your options and their features and fees before moving money between accounts.
Loans	Available to all active employees with a 403(b) account with Empower. Loans may impact your withdrawal value and limit participation in future growth potential. Loan repayments are made via ACH account deduction. Please note: Loans are not permitted from any 403(b) Plan account maintained with a prior State of Connecticut 403(b) Plan investment provider.

*If you are making both pretax and after-tax (Roth) contributions to the 403(b) Plan, your total contributions cannot exceed \$23,000 (or \$30,500 if you have elected the Age 50+ Catch-up option) in 2024.

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Distributable events	<ul style="list-style-type: none">• Attainment of age 59½• Separation from service• Retirement• Disability as defined by the Internal Revenue Code• Death• Financial hardship
10% premature distribution penalty tax on distributions prior to age 59½	The 10% premature distribution penalty tax applies to distributions taken prior to age 59½, unless an Internal Revenue Code exception applies.
Required minimum distributions	<p>You are required to begin distributions by April 1 following the calendar year in which you reach age 73 or retire, whichever occurs later.</p> <p>As of January 1, 2023, the IRS generally requires you to start taking required minimum distributions (RMDs) at age 73. (If you turned 72 in 2023, your first RMD will be for 2024 and can be taken as late as April 1, 2025.) Please refer to irs.gov for details about required minimum distributions.</p>
Financial hardship	<p>Qualifying reasons for a financial hardship withdrawal:</p> <ul style="list-style-type: none">• Medical expenses for you, your spouse, or dependents• Purchase or repair of your principal residence• Payment of tuition or related educational expenses• Prevention of eviction or foreclosure on your principal residence• Burial or funeral expenses for your deceased parents, spouse, or dependents• Repair of damage resulting from a casualty loss to your principal residence <p><i>Hardship withdrawals are only permitted to be taken from your 403(b) account at Empower.</i></p>
Payment options	<ul style="list-style-type: none">• Partial or lump-sum withdrawal• Systematic withdrawal option — Specified period or specified amount• Estate Conservation Option (IRS-required minimum distribution)• Rollover to another eligible retirement plan or IRA• Combination of payout and annuity options
Annuity options	<ul style="list-style-type: none">• Period certain for 5-50 years• Period certain for 5-50 years with withdrawal rights• Single life• Single life with 5-50 years guaranteed• Single life with 5-50 years guaranteed with withdrawal rights• Single life with cash refund• Joint and full survivor• Joint and full survivor with 5-50 years guaranteed• Joint and full survivor with 5-50 years guaranteed with withdrawal rights• Joint and 2/3 or 1/2 survivor (payment decreases on death of either)• Joint and 1/2 contingent (payment decreases on death of primary annuitant) <p>Required minimum distribution regulations may affect annuity issue ages.</p>

For information about your plan, call **844-505-SAVE (844-505-7283)** or visit **CTDCP.com**



Amounts withdrawn are subject to income taxes. Withdrawals before age 59½ may also be subject to a 10% federal income tax penalty and plan restrictions. Neither Empower nor any of its affiliates provide tax or legal advice for which you should consult with your qualified professional.

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FLEXIBILITY FOR YOUR RETIREMENT PLANNING

Choosing Your

STATE OF CONNECTICUT DEFINED CONTRIBUTION PLAN PROGRAM INVESTMENT OPTIONS

“HOW SHOULD I *Invest* MY MONEY?”

That's the one question participants ask more than any other—with good reason.

Choosing your investment mix is one of the most important steps you can take when it comes to preparing for retirement. An investment strategy—called asset allocation—could help you reach your retirement with confidence.

HOW ASSET ALLOCATION WORKS

Simply put, asset allocation is the process of spreading your money across different kinds of asset classes, such as stocks, bonds, and stable value investments. By dividing your model among a variety of investment classes, you minimize your reliance on any one investment and help manage your investment risk. Historically, the markets move in cycles—generally, when one kind of investment is performing well, another may not be performing as well. Changing economic and financial market conditions affect asset classes differently. And since you don't know which asset class will perform well next year or the year after, having a variety of asset classes in your model may help you better weather the rough spots in the market.

DIVERSIFICATION'S ROLE IN ASSET ALLOCATION

Diversification takes asset allocation one step further by investing in a variety of investments within each asset class (for example, large-cap versus small-cap stocks, growth versus value stocks, etc.).

Diversification spreads risk around and helps even out the return of an asset class, although its individual investments may move up and down over time. Asset allocation and diversification work together to help manage risk. Keep in mind that application of asset allocation and diversification concepts does not assure a profit or protect against loss in a declining market. **You can lose money by investing in securities.**

MANAGING RISK

Risk, like it or not, is a fact of life. It's also a fact of investing, because anything you do with your money involves some risk. Understanding the different kinds and degrees of risk and their relation to an investment's potential return can help you make smarter investment decisions. The graphic below shows the relationship between potential risk and the potential for return.

MARKET RISK: Refers to the possibility that investors will lose money due to a decline in the price of their investments. Stock investments are most commonly associated with market risk.

INFLATION RISK: Refers to the possibility that the growth of an investment may not keep pace with the average rate of inflation.

INVESTOR STYLE: Refers to an investor's comfort level (or tolerance for) short-term fluctuations in the market.

This is a simplified illustration of the relationship between investment risk and potential rate of return. There is no ensuring that higher risk investments will provide greater returns over time. Past performance is not indicative of future performance.



- | | |
|-------------------|------------------------------|
| ● Stable value | ● Mid-cap stock |
| ● Fixed income | ● Small-cap stock |
| ● Large-cap stock | ● Global/international stock |

FOR ILLUSTRATIVE PURPOSES ONLY

GOALMAKER — AN *easy solution* FOR TARGETING YOUR INVESTMENT CHOICES

GoalMaker® is an optional asset allocation program offered through your retirement plan at no additional cost. GoalMaker can help you target a model best suited to your retirement goals using the investment options offered through your retirement plan. All you need to do is **take three easy steps:**

STEP 1: DETERMINE YOUR INVESTOR STYLE

Investor style can be defined as how comfortable you are with short-term swings in the market. Everyone is different, but investors generally fall into one of three categories: conservative, moderate, or aggressive. To find out which type of investor you are, take the quiz on the next page.

Note: Depending on your plan, withdrawals taken before age 59½ may be subject to a 10% IRS penalty

● CONSERVATIVE

Concerned about short-term ups and downs in the market

Wants to minimize risk and maintain principal

Seeks stability and little fluctuation in the value of investments

● MODERATE

Willing to sacrifice safety of principal for potentially greater returns

Can tolerate modest market fluctuations

Concerned with safety, but want to stay ahead of inflation

● AGGRESSIVE

Seeks to maximize investment returns

Can tolerate substantial market fluctuations

Accepts greater risk in exchange for the prospect of greater rewards

IF YOU NEED HELP
DETERMINING YOUR
INVESTOR STYLE,
*take the quiz
on the next page*

INVESTOR STYLE QUIZ*

Circle the score for your response to each statement

- | | |
|---|---|
| <p>1 The possibility that I won't achieve a high enough rate of return over the long term</p> <p><u>I am very concerned</u> 10</p> <p><u>I am somewhat concerned</u> 7</p> <p><u>I am not concerned</u> 3</p> | <p>6 One of the investments in your plan has performed very well for a few years. If it suddenly dropped 15% in three months, what would you do?</p> <p><u>Sell immediately</u> 0</p> <p><u>Hold it</u> 6</p> <p><u>Buy more</u> 8</p> |
| <p>2 The loss of "buying power" or "quality of life" from the effects of inflation</p> <p><u>I am very concerned</u> 6</p> <p><u>I am somewhat concerned</u> 4</p> <p><u>I am not concerned</u> 1</p> | <p>7 Your experience with stock investments</p> <p><u>A great deal</u> 6</p> <p><u>A fair amount</u> 4</p> <p><u>Very little</u> 2</p> <p><u>None</u> 1</p> |
| <p>3 Wide swings in the value of my account over 1–3 months</p> <p><u>I am very concerned</u> 0</p> <p><u>I am somewhat concerned</u> 4</p> <p><u>I am not concerned</u> 12</p> | <p>8 Your comfort level with stock investments</p> <p><u>A great deal</u> 12</p> <p><u>A fair amount</u> 10</p> <p><u>Very little</u> 4</p> <p><u>None</u> 0</p> |
| <p>4 Wide swings in the value of my account over 1–2 years</p> <p><u>I am very concerned</u> 2</p> <p><u>I am somewhat concerned</u> 6</p> <p><u>I am not concerned</u> 12</p> | <p>9 Your experience with bond investments</p> <p><u>A great deal</u> 5</p> <p><u>A fair amount</u> 3</p> <p><u>Very little</u> 2</p> <p><u>None</u> 1</p> |
| <p>5 Which of the following causes you the most concern about the investments in your account?</p> <p><u>My future ability to get back at least the same amount of money that I put in</u> 2</p> <p><u>That my money is not earning enough</u> 6</p> <p><u>How much I have gained or lost this month</u> 0</p> | <p>10 Your comfort level with bond investments</p> <p><u>A great deal</u> 7</p> <p><u>A fair amount</u> 4</p> <p><u>Very little</u> 3</p> <p><u>None</u> 0</p> |

Please add up the points corresponding to each of your answers to determine your total score (in the box below)

Total points	
Conservative	0–40 pts.
Moderate	41–60 pts.
Aggressive	61+ pts.

*This quiz is designed to be used as a guide only and is not intended as financial advice. Your financial decisions should not be based solely on the score you have obtained using the worksheet.

STEP 2: SELECT YOUR GOALMAKER MODEL

Go to the section below with your investor style. Then look at the targeted retirement year and ensure the mix is appropriate for you.¹ If it is, then you've done it—asset allocation made simple!

GOALMAKER MODELS

AGGRESSIVE MODELS	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050	2055	2060	2065	2070
American Mutual Fund R6*	5.39%	5.64%	6.04%	6.59%	7.40%	8.61%	9.79%	10.98%	11.34%	11.16%	10.79%	10.38%	9.97%	9.97%
Vanguard Index Instl Plus Shares*	4.81%	5.03%	5.39%	5.88%	6.60%	7.68%	8.89%	9.80%	10.11%	9.95%	9.62%	9.26%	8.89%	8.89%
TIAA-CREF Large Cap Growth Index*	4.37%	4.58%	4.90%	5.34%	6.00%	6.98%	8.08%	8.90%	9.19%	9.05%	8.74%	8.42%	8.09%	8.09%
JPMorgan Mid Cap Value L*	0.44%	0.46%	0.49%	0.53%	0.60%	0.70%	0.81%	0.89%	0.92%	0.90%	0.87%	0.84%	0.81%	0.81%
Vanguard Mid-Cap Index Instl*	5.80%	6.08%	6.51%	7.10%	7.98%	9.27%	10.74%	11.83%	12.21%	12.02%	11.62%	11.18%	10.74%	10.74%
TIAA-CREF Small Cap Blend Index*	2.31%	2.61%	3.14%	3.81%	4.73%	6.03%	7.63%	9.12%	10.18%	10.79%	11.20%	11.55%	11.85%	11.85%
TIAA-CREF Intl Equity Index*	4.49%	4.93%	5.70%	6.71%	8.13%	10.17%	2.67%	15.00%	16.62%	17.56%	18.21%	18.79%	19.36%	19.36%
American Funds EuroPacific Growth R6*	4.50%	4.94%	5.71%	6.72%	8.13%	10.18%	12.68%	15.00%	16.63%	17.56%	18.22%	18.80%	19.36%	19.36%
Vanguard Inflation Protected Securities*	2.00%	2.05%	2.13%	2.21%	2.30%	2.38%	2.46%	2.55%	2.63%	2.71%	2.80%	2.88%	2.96%	2.96%
Vanguard Real Estate Index Instl*	2.00%	2.05%	2.14%	2.22%	2.30%	2.39%	2.47%	2.55%	2.64%	2.72%	2.80%	2.89%	2.97%	2.97%
Vanguard Total Bond Market Index*	8.52%	8.22%	7.71%	7.05%	6.11%	4.75%	3.15%	1.78%	1.51%	1.12%	1.20%	1.17%	1.17%	1.17%
Calvert Bond Fund Class I*	8.52%	8.21%	7.72%	7.05%	6.11%	4.75%	3.14%	1.79%	1.50%	1.11%	1.19%	1.17%	1.16%	1.16%
MetWest Total Return Bond Plan*	8.52%	8.22%	7.71%	7.05%	6.11%	4.75%	13.15%	1.78%	1.51%	1.12%	1.20%	1.17%	1.17%	1.17%
Connecticut Stable Value Fund	38.33%	36.98%	34.71%	31.74%	27.50%	21.36%	14.16%	8.03%	3.01%	2.23%	1.54%	1.50%	1.50%	1.50%
Total percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

¹ When a date of birth does not align to a model year, the assigned model will be rounded up.

Investing involves risk, including possible loss of principal.



MODERATE MODELS	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050	2055	2060	2065	2070
American Mutual Fund R6*	4.24%	4.45%	4.81%	5.31%	5.94%	6.83%	8.08%	9.39%	10.30%	10.60%	10.40%	10.08%	9.71%	9.71%
Vanguard Index Instl Plus Shares*	3.78%	3.97%	4.29%	4.74%	5.29%	6.09%	7.21%	8.38%	9.19%	9.45%	9.28%	8.99%	8.66%	8.66%
TIAA-CREF Large Cap Growth Index*	3.44%	3.61%	3.90%	4.31%	4.81%	5.54%	6.55%	7.61%	8.35%	8.59%	8.44%	8.17%	7.87%	7.87%
JPMorgan Mid Cap Value L*	0.34%	0.36%	0.39%	0.43%	0.48%	0.55%	0.66%	0.76%	0.84%	0.86%	0.84%	0.82%	0.79%	0.79%
Vanguard Mid-Cap Index Instl*	4.57%	4.79%	5.18%	5.73%	6.39%	7.36%	8.70%	10.12%	11.10%	11.41%	11.21%	10.86%	10.46%	10.46%
TIAA-CREF Small Cap Blend Index*	1.82%	2.04%	2.44%	2.96%	3.61%	4.51%	5.77%	7.22%	8.50%	9.35%	9.79%	10.10%	10.33%	10.33%
TIAA-CREF Intl Equity Index*	3.54%	3.90%	4.56%	5.45%	5.57%	8.14%	10.37%	12.96%	15.28%	16.88%	17.79%	18.50%	19.13%	19.13%
American Funds EuroPacific Growth R6*	3.53%	3.89%	4.56%	5.44%	6.56%	8.13%	10.36%	12.95%	15.27%	16.88%	17.79%	18.50%	19.12%	19.12%
Vanguard Inflation Protected Securities*	2.00%	2.05%	2.13%	2.21%	2.30%	2.38%	2.46%	2.55%	2.63%	2.71%	2.80%	2.88%	2.96%	2.96%
Vanguard Real Estate Index Instl*	2.00%	2.05%	2.14%	2.22%	2.30%	2.39%	2.47%	2.55%	2.64%	2.72%	2.80%	2.89%	2.97%	2.97%
Vanguard Total Bond Market Index*	9.43%	9.18%	8.75%	8.16%	7.43%	6.41%	4.98%	3.40%	3.18%	2.11%	2.07%	1.92%	1.87%	1.87%
Calvert Bond Fund Class I*	9.43%	9.19%	8.74%	8.16%	7.44%	6.41%	4.99%	3.40%	3.18%	2.11%	2.06%	1.91%	1.86%	1.86%
MetWest Total Return Bond Plan*	9.43%	9.18%	8.75%	8.16%	7.43%	6.41%	4.98%	3.40%	3.18%	2.11%	2.07%	1.92%	1.87%	1.87%
Connecticut Stable Value Fund	42.45%	41.34%	39.36%	36.72%	33.45%	28.85%	22.42%	15.31%	6.36%	4.22%	2.66%	2.46%	2.40%	2.40%
Total percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

CONSERVATIVE MODELS	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050	2055	2060	2065	2070
American Mutual Fund R6*	3.28%	3.35%	3.59%	4.05%	4.61%	5.29%	6.21%	7.41%	8.60%	9.38%	9.51%	9.36%	9.06%	9.06%
Vanguard Index Instl Plus Shares*	2.92%	2.98%	3.21%	3.61%	4.11%	4.72%	5.54%	6.61%	7.67%	8.36%	8.48%	8.35%	8.08%	8.08%
TIAA-CREF Large Cap Growth Index*	2.66%	2.71%	2.91%	3.28%	3.74%	4.29%	5.03%	6.01%	6.98%	7.60%	7.71%	7.59%	7.35%	7.35%
JPMorgan Mid Cap Value L*	0.27%	0.27%	0.29%	0.33%	0.37%	0.43%	0.50%	0.60%	0.70%	0.76%	0.77%	0.76%	0.73%	0.73%
Vanguard Mid-Cap Index Instl*	3.53%	3.61%	3.87%	4.36%	4.97%	5.70%	6.69%	7.99%	9.27%	10.10%	10.25%	10.09%	9.76%	9.76%
TIAA-CREF Small Cap Blend Index*	1.41%	1.55%	1.87%	2.34%	2.95%	3.71%	4.75%	6.16%	7.72%	9.07%	9.88%	10.42%	10.77%	10.77%
TIAA-CREF Intl Equity Index*	2.74%	2.93%	3.40%	4.13%	5.07%	6.25%	7.89%	10.13%	12.63%	14.76%	16.07%	16.96%	17.61%	17.61%
American Funds EuroPacific Growth R6*	2.73%	2.92%	3.39%	4.12%	5.06%	6.25%	7.89%	10.12%	12.62%	14.75%	16.07%	16.96%	17.60%	17.60%
Vanguard Inflation Protected Securities*	1.50%	1.52%	1.56%	1.61%	1.65%	1.69%	1.73%	1.77%	1.81%	1.86%	1.90%	1.94%	1.98%	1.98%
Vanguard Real Estate Index Instl*	1.50%	1.53%	1.57%	1.61%	1.65%	1.69%	1.74%	1.78%	1.82%	1.86%	1.90%	1.94%	1.99%	1.99%
Vanguard Total Bond Market Index*	10.33%	10.22%	9.91%	9.41%	8.77%	8.00%	6.94%	5.52%	6.04%	4.30%	4.07%	3.65%	3.52%	3.52%
Calvert Bond Fund Class I*	10.33%	10.21%	9.91%	9.41%	8.78%	8.00%	6.94%	5.52%	6.03%	4.30%	4.08%	3.64%	3.51%	3.51%
MetWest Total Return Bond Plan*	10.33%	10.22%	9.91%	9.41%	8.77%	8.00%	6.94%	5.25%	6.04%	4.30%	4.07%	3.65%	3.52%	3.52%
Connecticut Stable Value Fund	46.47%	45.98%	44.61%	42.33%	39.50%	35.98%	31.21%	24.86%	12.07%	8.60%	5.24%	4.69%	4.52%	4.52%
Total percentage	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

*Registered mutual fund.

Investing involves risk, including possible loss of principal.

Allocations shown are samples and not investment recommendations. The models are subject to change. Changes may include the replacement of specific investment options and/or allocations within the models. You will be notified in writing in advance of such changes. **Past performance of investments or asset classes does not guarantee future results.**

STEP 3: ENROLL IN GOALMAKER

Are you ready to choose GoalMaker as your asset allocation program?

There are two easy ways to enroll:

- Visit CTDCP.com and log in to your account. Select “My Investments,” click “Help me do it,” then “GoalMaker Models.”
- Visit CTDCP.com and schedule a meeting with a Dedicated Retirement Counselor, who will assist you in selecting GoalMaker.

Asset allocation, diversification, and/or rebalancing do not ensure a profit or protect against loss.

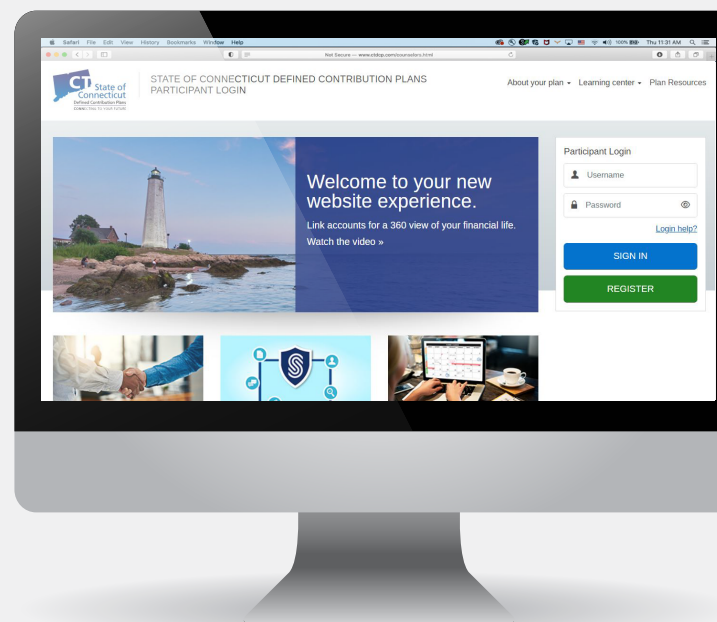
GOALMAKER *makes it easy* TO STAY ON TRACK

To help keep your account on track toward your retirement income goals, GoalMaker periodically rebalances your account to ensure that it matches your original allocation.

Rebalancing is important because sometimes one investment option in your model may grow (or decline) faster than another, throwing your original asset allocation off balance. During automatic rebalancing (which will occur on the participant’s birth date), money is moved among the investments in your GoalMaker model to maintain your original allocation percentages.

➔ Visit CTDCP.com for more information on the investment options available in the State of Connecticut Defined Contribution Plans.

You can also find assistance by scheduling a meeting with a **Dedicated Retirement Counselor** (in the “Meet Your Counselor” tab).







STATE OF CONNECTICUT DEFINED CONTRIBUTION PLANS

CTDCP.com



Carefully consider the investment option's objectives, risks, fees, and expenses. Contact Empower for a prospectus, summary prospectus for SEC-registered products, or disclosure document for unregistered products, if available, containing this information. Read each carefully before investing.

Asset allocation models are pre-established asset allocation strategies comprised of the plan's core investment options. The models are not securities. When you allocate your investment to a model, you will be invested in various underlying investment options comprising each model, as made available by the plan and according to the model's allocation methodology.

An asset allocation model provides targeted asset allocation for your plan account and allocates your account across the model's underlying investments. Your plan may include asset allocation models designed according to certain risk levels (e.g. Aggressive, Moderate, or Conservative), asset allocation models that follow a glide path based on a target date (2025, 2030, 2035 etc.), or both model types depending upon the models selected by your plan. Neither is without risk or guarantee of positive returns. The date in the name of a target date model is an assumed date in which an investor will retire. The asset allocation becomes more conservative as the target retirement date nears, and depending on the model's design, can remain static at the target date or adjust further through retirement. There is no guarantee the investment will provide adequate retirement income.

Asset allocation models are subject to change at the plan's (or an authorized representative thereof) discretion.

Investors should review the prospectus, summary prospectus for SEC-registered products, or disclosure document for unregistered products, if available, for underlying fund objectives, risks, fees, and expenses. Investors should also periodically reassess their investments to make sure their model continues to correspond to their changing risk tolerance and retirement time horizon.

Empower is not undertaking to provide investment advice with respect to the presentation of any particular investment option or asset allocation model described herein.

This material is for informational purposes only and is not intended to provide investment, legal, or tax recommendations or advice.

The Connecticut Stable Value Fund consists of Prudential's Guaranteed Long Term Fund and a Voya Separate Account. The crediting rate of the Connecticut Stable Value Fund is a function of the blending of investment results of the Guaranteed Long Term Fund and the Voya Separate Account. The Guaranteed Long-Term Fund (GLTF) is a group annuity product issued by Empower Annuity Insurance Company, Hartford, CT 06103. Amounts contributed to the contract are deposited in EAIC's general account. Payment obligations and the fulfillment of any guarantees specified in the group annuity contract are insurance claims supported by the full faith and credit of EAIC. EAIC periodically resets the interest rate credited on contract balances, subject to a minimum rate specified in the group annuity contract. Past interest rates are not indicative of future rates. This product is neither a mutual fund nor a bank product. The obligations of EAIC are not insured by the FDIC or any other federal governmental agency. Contract form # GA-2020-IA-0805 or state variation thereof. EAIC is compensated in connection with this product by deducting an amount for investment expenses and risk from the investment experience of certain assets held in EAIC's general account. EAIC may earn fee revenue in addition to the foregoing compensation if your plan has agreed to pay contract charges, which are sometimes paid in respect of plan and participant record keeping and distribution services.

The Voya Separate Account is allocated to individually managed separate accounts. The investment results of the underlying separate accounts are blended together. Third-party administration provided by Voya Retirement Insurance and Annuity Company (VRIAC), One Orange Way, Windsor, CT 06095-4774. Securities distributed by Voya Financial Partners, LLC (Member SIPC).

For some plans, Empower uses a portion of its aggregate compensation to satisfy the plan's request for allowances and for payments to defray plan expenses. If Empower's aggregate compensation from this product and from other plan investment products exceeds the costs of servicing your plan, Empower earns a profit; otherwise we incur a loss.

GoalMaker's model allocations are based on generally accepted financial theories that take into account the historic returns of different asset classes. But, of course, past performance of any investment does not guarantee future results. Participants should consider their other assets, income, and investments (e.g., equity in a home, Social Security benefits, individual retirement plan investments, etc.) in addition to their interest in the plan, to the extent those items are not taken into account in the model. Participants should also periodically reassess their GoalMaker investments to make sure their model continues to correspond to their changing attitudes and retirement time horizon.

Retirement products and services are provided by Empower Annuity Insurance Company, Hartford, CT, or its affiliates. "EMPOWER" and all associated logos and product names are trademarks of Empower Annuity Insurance Company of America.

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC.



Register and access your Empower account

Your retirement account has been upgraded to a new and improved experience. Register to access your account and start using all the new planning features and tools available to you.

Here's how

Visit CTDCP.com

or download the Empower app on your mobile device.

- 1 Click on **Register**.
- 2 Select **I do not have a PIN**.
- 3 Create a username and password.

You'll need to enter your:

- Social Security number
- ZIP code
- Last name (Include any suffix, such as Jr. or III.)
- Date of birth

The next time you access your account, choose **Sign in**.



Participant Login

Username

Password

[Login help?](#)

SIGN IN

REGISTER

Account verification

Enter the information below to verify your account.

I do not have a PIN

I have a PIN

I have a plan enrollment code

SOCIAL SECURITY NUMBER

ZIP / POSTAL CODE

LAST NAME (GENERALLY INCLUDES SUFFIX: E.G., JR., SR., III)

DATE OF BIRTH MMDDYYYY

CONTINUE

Provide contact information

PERSONAL EMAIL ADDRESS

Sample@email.com

PHONE NUMBER

UNITED STATES +1 (555) 555-5555

Create username and password

USERNAME

PASSWORD

RE-ENTER PASSWORD

REGISTER

What's new

Once you register your retirement account, you will have access to your detailed account information and all our planning tools.

The Empower Personal Dashboard™ can give you a real-time view of your spending, saving, debt, and more.

It allows you to easily and securely link all your household financial accounts — including credit cards, cash, mortgage, and others — with your retirement account in one place, so you can:



See your net worth



Plan for retirement



Get help budgeting



Track your savings

Bringing your full financial view together allows you to track, manage, and plan for all your financial priorities.

Haga clic en Español para ver el sitio web y recibir sus estados de cuenta en español.

A few other notes

Your account information automatically transferred during the upgrade.

That means your retirement plan, current investments, contribution rates (if applicable), and other details remain the same. Over several weeks following the upgrade, up to three years of transaction activity will be loaded into your online account.

Have an existing Empower account from a prior plan sponsor?

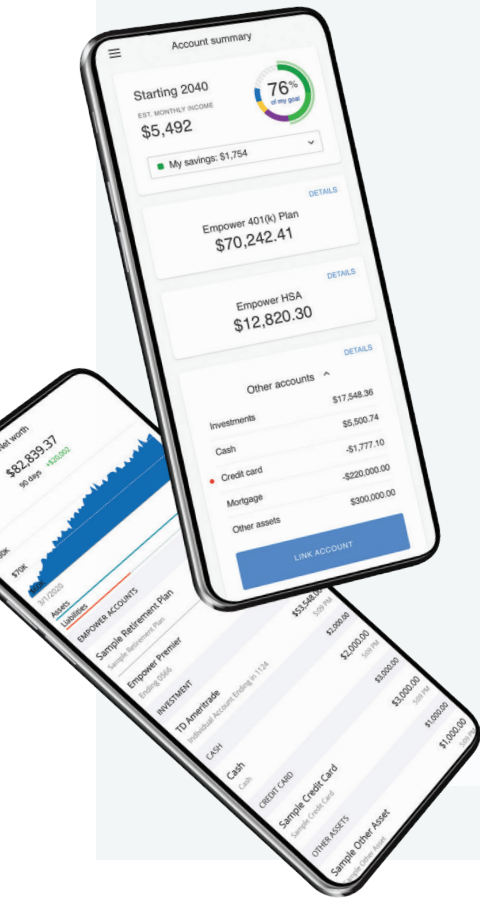
When logging in to your existing account, you'll be prompted to link your accounts. Use your Empower username and password, then choose your default plan.



New experience and new app

Get all the great new features in the Empower mobile app and connect to your plan whenever, wherever. Look for this icon in the App Store® or on Google Play™. *If you are using the Empower, Prudential Retirement app, you will need to replace it by downloading the Empower® app.*

The mobile app is also available in Spanish and will update automatically according to the language preference setting on your mobile device.





➤ Get started today at CTDCP.com

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On April 1, 2022, Empower acquired the full service retirement business of Prudential Financial Inc. Following an initial transition period, Empower will become the sole administrator of this business. Empower refers to the products and services offered by Empower Annuity Insurance Company of America and its subsidiaries. Empower is not affiliated with Prudential Financial Inc. or its affiliates. For additional information, please review the **important information** associated with this acquisition.

App Store is a trademark of Apple Inc.

Google Play and the Google Play logo are trademarks of Google LLC.

"EMPOWER" and all associated logos and product names are trademarks of Empower Annuity Insurance Company of America.

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Participant Enrollment 403(b) Plan

State of Connecticut Section 403(b) Plan

525061-01

Participant Information

Last Name	First Name	MI
<i>(The name provided MUST match the name on file with Service Provider.)</i>		

Mailing Address

City	State	Zip Code
------	-------	----------

()	()
Home Phone	Work Phone

()
Mobile Phone

Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your account with Empower?* Yes, I would like a representative to call me at phone # _____ - _____ - _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 8 a.m. to 10 p.m. Eastern time). *Rollovers are subject to your Plan's provisions.

Social Security Number

E-Mail Address

Married Unmarried Female Male
 Nonbinary Unspecified

Mo	Day	Year	Mo	Day	Year
Date of Birth			Date of Hire		

Payroll Information

- I elect to contribute \$ _____ (up to \$23,000.00) per pay period of my compensation as Before Tax contributions to the 403(b) Plan until such time as I revoke or amend my election.
- I elect to contribute \$ _____ (up to \$23,000.00) per pay period of my compensation as Roth contributions to the 403(b) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

Employee Record #	Pay Group	Employee ID
_____	_____	_____

NOTE: this information is **required** and can be found on an employee's pay stub.

IMPORTANT: If enrolling for the purposes of deferring a portion of your Vacation & Sick Payout, please refer to the instructions on the Deferral of Vacation & Sick Payout Form. **You must monitor your contributions to ensure you do not exceed the IRS annual limits.** I understand my contribution election will remain in effect until I separate from State service, or suspend my contribution amount online or via paper form, or reach the maximum annual limit.

Employees who are employed by multiple 403(b) eligible agencies or within multiple higher education positions must provide the employee record number that corresponds to the job from which they wish to have their 403(b) Plan deferral taken. Note that the employee record number is different from your employee number and will differ from job to job or agency to agency. Contact your agency human resource or payroll department to obtain the specific employee record number that corresponds to the job from which the Plan deferrals will be taken. Forms will be returned if the employee record number is missing. If you are electing 403(b) deferrals from more than one eligible agency and/or job, you must complete a separate form for each.

PLEASE NOTE: if your election exceeds the NET amount of your paycheck, no deduction will be processed.

Last Name

First Name

M.I.

Social Security Number

Number

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option and Asset Allocation Models.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either an Asset Allocation Model (A) or your own investment options (B).

(A) Asset Allocation Model Selection - only one model can be selected

<u>Asset Allocation Model Name</u>	<u>Model Selection</u>	<u>Asset Allocation Model Name</u>	<u>Model Selection</u>
Empower GoalMaker AGGRESSIVE 2005	<input type="checkbox"/>	Empower GoalMaker CONS 2040	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2010	<input type="checkbox"/>	Empower GoalMaker CONS 2045	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2015	<input type="checkbox"/>	Empower GoalMaker CONS 2050	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2020	<input type="checkbox"/>	Empower GoalMaker CONS 2055	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2025	<input type="checkbox"/>	Empower GoalMaker CONS 2060	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2030	<input type="checkbox"/>	Empower GoalMaker CONS 2065	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2035	<input type="checkbox"/>	Empower GoalMaker CONS 2070	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2040	<input type="checkbox"/>	Empower GoalMaker MODERATE 2005	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2045	<input type="checkbox"/>	Empower GoalMaker MODERATE 2010	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2050	<input type="checkbox"/>	Empower GoalMaker MODERATE 2015	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2055	<input type="checkbox"/>	Empower GoalMaker MODERATE 2020	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2060	<input type="checkbox"/>	Empower GoalMaker MODERATE 2025	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2065	<input type="checkbox"/>	Empower GoalMaker MODERATE 2030	<input type="checkbox"/>
Empower GoalMaker AGGRESSIVE 2070	<input type="checkbox"/>	Empower GoalMaker MODERATE 2035	<input type="checkbox"/>
Empower GoalMaker CONS 2005	<input type="checkbox"/>	Empower GoalMaker MODERATE 2040	<input type="checkbox"/>
Empower GoalMaker CONS 2010	<input type="checkbox"/>	Empower GoalMaker MODERATE 2045	<input type="checkbox"/>
Empower GoalMaker CONS 2015	<input type="checkbox"/>	Empower GoalMaker MODERATE 2050	<input type="checkbox"/>
Empower GoalMaker CONS 2020	<input type="checkbox"/>	Empower GoalMaker MODERATE 2055	<input type="checkbox"/>
Empower GoalMaker CONS 2025	<input type="checkbox"/>	Empower GoalMaker MODERATE 2060	<input type="checkbox"/>
Empower GoalMaker CONS 2030	<input type="checkbox"/>	Empower GoalMaker MODERATE 2065	<input type="checkbox"/>
Empower GoalMaker CONS 2035	<input type="checkbox"/>	Empower GoalMaker MODERATE 2070	<input type="checkbox"/>

(B) Select Your Own Investment Options

<u>INVESTMENT OPTION</u>				<u>INVESTMENT OPTION</u>			
<u>NAME</u>	<u>TICKER</u>	<u>CODE</u>	<u>%</u>	<u>NAME</u>	<u>TICKER</u>	<u>CODE</u>	<u>%</u>
American Funds EuroPacific Gr R6.....	REMGX	REMGX	_____	TIAA-CREF Equity Index Instl.....	TIEIX	TIEIX	_____
TIAA-CREF International Eq Idx Instl.....	TCIEX	TCIEX	_____	TIAA-CREF Large-Cap Gr Idx Instl.....	TILIX	TILIX	_____
DFA Real Estate Securities I.....	DFREX	DFREX	_____	TIAA-CREF Social Choice Eq Instl.....	TISCX	TISCX	_____
Vanguard Real Estate Index Institutional.....	VGSNX	VGSNX	_____	Vanguard Institutional Index Instl Pl.....	VHIX	VHIX	_____
TIAA-CREF Small-Cap Blend Idx Instl.....	TISBX	TISBX	_____	Calvert Bond I.....	CBDIX	CBDIX	_____
Vanguard Explorer Adm.....	VEXRX	VEXRX	_____	Metropolitan West Total Return Bond Plan....	MWTSX	MWTSX	_____
JPMorgan Mid Cap Value L.....	FLMVX	FLMVX	_____	Vanguard Inflation-Protected Secs I.....	VIPIX	VIPIX	_____
T. Rowe Price Diversified Mid Cap Gr I.....	RPTTX	RPTTX	_____	Vanguard Total Bond Market Index Instl.....	VBTIX	VBTIX	_____
Vanguard Mid Cap Index Ins.....	VMCIX	VMCIX	_____	Connecticut Stable Value.....	N/A	D2986A	_____
American Funds American Mutual R6.....	RMFGX	RMFGX	_____	MUST INDICATE WHOLE PERCENTAGES			= 100%

Last Name

First Name

M.I.

Social Security Number

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. If I name more than one beneficiary in either category, the surviving beneficiaries in that category will share equally unless otherwise indicated. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100.00%. The number of primary or contingent beneficiaries you may name is not limited. Attach an additional sheet, if necessary.

Primary Beneficiary

#1 _____ .

(_____) Phone Number (Optional)	_____ . Social Security Number	_____ . Primary Beneficiary Name	_____ . Date of Birth
Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner			

#2 _____ .

(_____) Phone Number (Optional)	_____ . Social Security Number	_____ . Primary Beneficiary Name	_____ . Date of Birth
Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner			

Contingent Beneficiary

#1 _____ .

(_____) Phone Number (Optional)	_____ . Social Security Number	_____ . Contingent Beneficiary Name	_____ . Date of Birth
Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner			

#2 _____ .

(_____) Phone Number (Optional)	_____ . Social Security Number	_____ . Contingent Beneficiary Name	_____ . Date of Birth
Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)			
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner			

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59 1/2; severance of employment from the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options and/or variable annuity funding accounts established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the group annuity contract issued and/or the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that I have received investment option information, including prospectuses and other disclosure documents, and I understand the risks of investing.

Asset Allocation Models - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected and I have also designated my own investment options, the Asset Allocation Model will supersede my own investment options.

Empower GoalMaker AGGRESSIVE 2005 - VBTIX 7% TCIEX 6% RERGX 7% VIPIX 3% VIIX 8% TILIX 6% RMFGX 6% VMCIX 3% FLMVX 4% CBDIX 8% MWTSX 8% TISBX 3% VGSNX 2% D2986A 29%

Last Name

First Name

M.I.

Social Security Number

Number

Empower GoalMaker AGGRESSIVE 2010 - VBTIX 7% TCIEX 6% RERGX 7% VIPIX 3% VIIIIX 8% TILIX 6% RMFGX 6% VMCIX 3% FLMVX 4% CBDIX 8% MWTSX 8% TISBX 3% VGSNX 2% D2986A 29%

Empower GoalMaker AGGRESSIVE 2015 - VBTIX 7% TCIEX 7% RERGX 8% VIPIX 3% VIIIIX 8% TILIX 7% RMFGX 7% VMCIX 4% FLMVX 4% CBDIX 7% MWTSX 7% TISBX 4% VGSNX 2% D2986A 25%

Empower GoalMaker AGGRESSIVE 2020 - VBTIX 6% TCIEX 8% RERGX 9% VIPIX 3% VIIIIX 8% TILIX 7% RMFGX 7% VMCIX 4% FLMVX 5% CBDIX 7% MWTSX 7% TISBX 5% VGSNX 2% D2986A 22%

Empower GoalMaker AGGRESSIVE 2025 - VBTIX 5% TCIEX 10% RERGX 10% VIPIX 3% VIIIIX 9% TILIX 8% RMFGX 8% VMCIX 5% FLMVX 6% CBDIX 6% MWTSX 6% TISBX 5% VGSNX 3% D2986A 16%

Empower GoalMaker AGGRESSIVE 2030 - VBTIX 4% TCIEX 12% RERGX 13% VIPIX 3% VIIIIX 10% TILIX 9% RMFGX 9% VMCIX 6% FLMVX 6% CBDIX 4% MWTSX 4% TISBX 6% VGSNX 3% D2986A 11%

Empower GoalMaker AGGRESSIVE 2035 - VBTIX 2% TCIEX 15% RERGX 15% VIPIX 4% VIIIIX 11% TILIX 9% RMFGX 9% VMCIX 6% FLMVX 7% CBDIX 3% MWTSX 3% TISBX 7% VGSNX 3% D2986A 6%

Empower GoalMaker AGGRESSIVE 2040 - VBTIX 1% TCIEX 16% RERGX 16% VIPIX 4% VIIIIX 11% TILIX 10% RMFGX 10% VMCIX 7% FLMVX 7% CBDIX 2% MWTSX 2% TISBX 8% VGSNX 3% D2986A 3%

Empower GoalMaker AGGRESSIVE 2045 - TCIEX 17% RERGX 17% VIPIX 4% VIIIIX 12% TILIX 10% RMFGX 10% VMCIX 8% FLMVX 8% CBDIX 1% MWTSX 1% TISBX 8% VGSNX 3% D2986A 1%

Empower GoalMaker AGGRESSIVE 2050 - TCIEX 17% RERGX 18% VIPIX 4% VIIIIX 11% TILIX 10% RMFGX 10% VMCIX 8% FLMVX 8% CBDIX 1% MWTSX 1% TISBX 8% VGSNX 3% D2986A 1%

Empower GoalMaker AGGRESSIVE 2055 - TCIEX 17% RERGX 18% VIPIX 4% VIIIIX 11% TILIX 10% RMFGX 10% VMCIX 8% FLMVX 8% CBDIX 1% MWTSX 1% TISBX 8% VGSNX 3% D2986A 1%

Empower GoalMaker AGGRESSIVE 2060 - TCIEX 17% RERGX 18% VIPIX 4% VIIIIX 11% TILIX 10% RMFGX 10% VMCIX 8% FLMVX 8% CBDIX 1% MWTSX 1% TISBX 8% VGSNX 3% D2986A 1%

Empower GoalMaker AGGRESSIVE 2065 - TCIEX 17% RERGX 18% VIPIX 4% VIIIIX 11% TILIX 10% RMFGX 10% VMCIX 8% FLMVX 8% CBDIX 1% MWTSX 1% TISBX 8% VGSNX 3% D2986A 1%

Empower GoalMaker AGGRESSIVE 2070 - TCIEX 17% RERGX 18% VIPIX 4% VIIIIX 11% TILIX 10% RMFGX 10% VMCIX 8% FLMVX 8% CBDIX 1% MWTSX 1% TISBX 8% VGSNX 3% D2986A 1%

Empower GoalMaker CONS 2005 - VBTIX 9% TCIEX 2% RERGX 2% VIPIX 2% VIIIIX 4% TILIX 3% RMFGX 3% VMCIX 1% FLMVX 2% CBDIX 10% MWTSX 9% TISBX 1% VGSNX 1% D2986A 51%

Empower GoalMaker CONS 2010 - VBTIX 9% TCIEX 2% RERGX 2% VIPIX 2% VIIIIX 4% TILIX 3% RMFGX 3% VMCIX 1% FLMVX 2% CBDIX 10% MWTSX 9% TISBX 1% VGSNX 1% D2986A 51%

Empower GoalMaker CONS 2015 - VBTIX 9% TCIEX 2% RERGX 3% VIPIX 2% VIIIIX 5% TILIX 3% RMFGX 3% VMCIX 1% FLMVX 2% CBDIX 10% MWTSX 9% TISBX 1% VGSNX 1% D2986A 49%

Empower GoalMaker CONS 2020 - VBTIX 9% TCIEX 3% RERGX 4% VIPIX 2% VIIIIX 5% TILIX 3% RMFGX 3% VMCIX 2% FLMVX 2% CBDIX 9% MWTSX 9% TISBX 2% VGSNX 1% D2986A 46%

Empower GoalMaker CONS 2025 - VBTIX 8% TCIEX 4% RERGX 4% VIPIX 2% VIIIIX 5% TILIX 4% RMFGX 4% VMCIX 2% FLMVX 3% CBDIX 9% MWTSX 9% TISBX 3% VGSNX 1% D2986A 42%

Empower GoalMaker CONS 2030 - VBTIX 7% TCIEX 6% RERGX 6% VIPIX 2% VIIIIX 6% TILIX 4% RMFGX 4% VMCIX 3% FLMVX 4% CBDIX 8% MWTSX 8% TISBX 3% VGSNX 2% D2986A 37%

Empower GoalMaker CONS 2035 - VBTIX 6% TCIEX 7% RERGX 8% VIPIX 2% VIIIIX 7% TILIX 5% RMFGX 5% VMCIX 4% FLMVX 4% CBDIX 7% MWTSX 7% TISBX 4% VGSNX 2% D2986A 32%

Empower GoalMaker CONS 2040 - VBTIX 5% TCIEX 9% RERGX 10% VIPIX 2% VIIIIX 7% TILIX 7% RMFGX 7% VMCIX 4% FLMVX 5% CBDIX 6% MWTSX 6% TISBX 5% VGSNX 2% D2986A 25%

Empower GoalMaker CONS 2045 - VBTIX 5% TCIEX 12% RERGX 12% VIPIX 2% VIIIIX 8% TILIX 8% RMFGX 8% VMCIX 5% FLMVX 6% CBDIX 5% MWTSX 5% TISBX 5% VGSNX 2% D2986A 17%

Empower GoalMaker CONS 2050 - VBTIX 3% TCIEX 13% RERGX 14% VIPIX 3% VIIIIX 10% TILIX 9% RMFGX 9% VMCIX 6% FLMVX 6% CBDIX 4% MWTSX 4% TISBX 6% VGSNX 2% D2986A 11%

Empower GoalMaker CONS 2055 - VBTIX 3% TCIEX 13% RERGX 14% VIPIX 3% VIIIIX 10% TILIX 9% RMFGX 9% VMCIX 6% FLMVX 6% CBDIX 4% MWTSX 4% TISBX 6% VGSNX 2% D2986A 11%

Empower GoalMaker CONS 2060 - VBTIX 3% TCIEX 13% RERGX 14% VIPIX 3% VIIIIX 10% TILIX 9% RMFGX 9% VMCIX 6% FLMVX 6% CBDIX 4% MWTSX 4% TISBX 6% VGSNX 2% D2986A 11%

Empower GoalMaker CONS 2065 - VBTIX 3% TCIEX 13% RERGX 14% VIPIX 3% VIIIIX 10% TILIX 9% RMFGX 9% VMCIX 6% FLMVX 6% CBDIX 4% MWTSX 4% TISBX 6% VGSNX 2% D2986A 11%

Last Name

First Name

M.I.

Social Security Number

Number

Empower GoalMaker CONS 2070 - VBTIX 3% TCIEX 13% RERGX 14% VIPIX 3% VIIIIX 10% TILIX 9% RMFGX 9% VMCIX 6% FLMVX 6% CBDIX 4% MWTSX 4% TISBX 6% VGSNX 2% D2986A 11%

Empower GoalMaker MODERATE 2005 - VBTIX 9% TCIEX 4% RERGX 5% VIPIX 2% VIIIIX 6% TILIX 4% RMFGX 4% VMCIX 2% FLMVX 2% CBDIX 9% MWTSX 9% TISBX 2% VGSNX 2% D2986A 40%

Empower GoalMaker MODERATE 2010 - VBTIX 9% TCIEX 4% RERGX 5% VIPIX 2% VIIIIX 6% TILIX 4% RMFGX 4% VMCIX 2% FLMVX 2% CBDIX 9% MWTSX 9% TISBX 2% VGSNX 2% D2986A 40%

Empower GoalMaker MODERATE 2015 - VBTIX 8% TCIEX 5% RERGX 5% VIPIX 2% VIIIIX 6% TILIX 5% RMFGX 5% VMCIX 2% FLMVX 3% CBDIX 9% MWTSX 9% TISBX 3% VGSNX 2% D2986A 36%

Empower GoalMaker MODERATE 2020 - VBTIX 8% TCIEX 6% RERGX 7% VIPIX 2% VIIIIX 6% TILIX 5% RMFGX 5% VMCIX 3% FLMVX 4% CBDIX 9% MWTSX 8% TISBX 3% VGSNX 2% D2986A 32%

Empower GoalMaker MODERATE 2025 - VBTIX 7% TCIEX 7% RERGX 8% VIPIX 3% VIIIIX 7% TILIX 5% RMFGX 5% VMCIX 4% FLMVX 4% CBDIX 8% MWTSX 8% TISBX 4% VGSNX 2% D2986A 28%

Empower GoalMaker MODERATE 2030 - VBTIX 6% TCIEX 9% RERGX 9% VIPIX 3% VIIIIX 8% TILIX 7% RMFGX 7% VMCIX 4% FLMVX 5% CBDIX 7% MWTSX 6% TISBX 5% VGSNX 2% D2986A 22%

Empower GoalMaker MODERATE 2035 - VBTIX 5% TCIEX 11% RERGX 12% VIPIX 3% VIIIIX 8% TILIX 8% RMFGX 8% VMCIX 5% FLMVX 6% CBDIX 5% MWTSX 5% TISBX 5% VGSNX 2% D2986A 17%

Empower GoalMaker MODERATE 2040 - VBTIX 3% TCIEX 13% RERGX 13% VIPIX 3% VIIIIX 10% TILIX 9% RMFGX 9% VMCIX 6% FLMVX 6% CBDIX 4% MWTSX 4% TISBX 6% VGSNX 3% D2986A 11%

Empower GoalMaker MODERATE 2045 - VBTIX 2% TCIEX 14% RERGX 15% VIPIX 3% VIIIIX 11% TILIX 10% RMFGX 10% VMCIX 6% FLMVX 7% CBDIX 3% MWTSX 2% TISBX 7% VGSNX 3% D2986A 7%

Empower GoalMaker MODERATE 2050 - VBTIX 1% TCIEX 15% RERGX 16% VIPIX 4% VIIIIX 11% TILIX 11% RMFGX 11% VMCIX 7% FLMVX 8% CBDIX 2% MWTSX 1% TISBX 7% VGSNX 3% D2986A 3%

Empower GoalMaker MODERATE 2055 - VBTIX 1% TCIEX 15% RERGX 16% VIPIX 4% VIIIIX 11% TILIX 11% RMFGX 11% VMCIX 7% FLMVX 8% CBDIX 2% MWTSX 1% TISBX 7% VGSNX 3% D2986A 3%

Empower GoalMaker MODERATE 2060 - VBTIX 1% TCIEX 15% RERGX 16% VIPIX 4% VIIIIX 11% TILIX 11% RMFGX 11% VMCIX 7% FLMVX 8% CBDIX 2% MWTSX 1% TISBX 7% VGSNX 3% D2986A 3%

Empower GoalMaker MODERATE 2065 - VBTIX 1% TCIEX 15% RERGX 16% VIPIX 4% VIIIIX 11% TILIX 11% RMFGX 11% VMCIX 7% FLMVX 8% CBDIX 2% MWTSX 1% TISBX 7% VGSNX 3% D2986A 3%

Empower GoalMaker MODERATE 2070 - VBTIX 1% TCIEX 15% RERGX 16% VIPIX 4% VIIIIX 11% TILIX 11% RMFGX 11% VMCIX 7% FLMVX 8% CBDIX 2% MWTSX 1% TISBX 7% VGSNX 3% D2986A 3%

Your account will be rebalanced quarterly so that your account aligns with your selected Asset Allocation Model. Rebalancing does not assure a profit and does not protect against loss in declining markets.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call the Voice Response System or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent**Participant Consent**

I have completed, understand and agree to all pages of this Participant Enrollment form.

Participant Signature**Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

After all signatures have been obtained, this form can be:

Uploaded electronically to:

Login to account at

ctdcp.comClick on *Upload Documents* to submit**OR****Sent regular mail to:**

Empower

PO Box 56025

Boston, MA 02205-6025

OR**Sent express mail to:**

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

We will not accept hand delivered forms at express mail addresses.

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Prudential Investment Management Services, LLC (PIMS). Each organization is solely responsible for its financial condition and contractual obligations. PIMS is not affiliated with Empower Retirement, LLC. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

You could lose money by investing in money market investments. Although they seek to preserve the value of your investment at \$1 or \$10.00 per share (see the prospectus), there is no guarantee they will. An investment in a money market investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The money market investment's sponsor has no legal obligation to provide financial support to the portfolio, and you should not expect that the sponsor will provide financial support to the portfolio at any time. The yield quotation more closely reflects the current earnings of the portfolio than the total return quotation.

State of Connecticut Section 403(b) Plan

525061-01

For My Information

- For questions regarding this form, visit the website at ctdcp.com or contact Service Provider at 1-844-505-SAVE.
- Use black or blue ink when completing this form.

A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension

--	--	--	--	--	--	--	--	--	--

Social Security Number (Must provide all 9 digits)

Last Name

First Name

M.I.

Date of Birth

(The name provided MUST match the name on file with Service Provider.)

- Married Unmarried

B Beneficiary Designation (Attach an additional sheet to name additional beneficiaries.)

Primary Beneficiary Designation (Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)

- See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.

%		/	/
% of Account Balance	Primary Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

%		/	/
% of Account Balance	Primary Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

%		/	/
% of Account Balance	Primary Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Contingent Beneficiary Designation (Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)

%		/	/
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address ()	City	State	Zip Code
Phone Number (Optional)	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Last Name _____

First Name _____

M.I. _____

Social Security Number _____

Number _____

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Contingent Beneficiary Designation <i>(Contingent beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
%		/ /	
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address (_____)	City	State	Zip Code
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
%		/ /	
% of Account Balance	Contingent Beneficiary Name <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
Street Address (_____)	City	State	Zip Code
Phone Number <i>(Optional)</i>	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
C Participant Consent for Beneficiary Designation <i>(Please sign on the 'Participant Signature' line below.)</i>			
<p>I have completed, understand and agree to all pages of this Beneficiary Designation form. Subject to the terms of the Plan, I am making the above beneficiary designations for my vested account in the event of my death. I acknowledge and agree that it is my responsibility to monitor the beneficiary designations in my account and to update the beneficiary designations as I deem necessary upon a change in marital status, death of a beneficiary or any other change that may impact my beneficiary designations.</p> <p>If I have more than one primary beneficiary, the account will be divided as specified. If a primary beneficiary predeceases me, his or her benefit will be allocated to the surviving primary beneficiaries. Contingent beneficiaries will receive a benefit only if there is no surviving primary beneficiary, as specified. If a contingent beneficiary predeceases me, his or her benefit will be allocated to the surviving contingent beneficiaries. If I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan or applicable law. This designation is effective upon execution and delivery to Service Provider. If any information is missing, additional information may be required prior to recording my designation.</p> <p>This designation supersedes all prior designations. Beneficiaries will share equally if percentages are not provided and any amounts unpaid upon death will be divided equally. Primary and contingent beneficiaries must separately total 100%. The percentages can be divided up to two decimal points (Example: 33.33%).</p> <p>Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <p><i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i></p>			
D Delivery Instructions			
After all signatures have been obtained, this form can be			
Uploaded Electronically: Login to account at ctdcp.com Click on Upload Documents to submit	OR	Sent Regular Mail to: Empower PO Box 56025 Boston, MA 02205-6025	OR
			Sent Express Mail to: Empower 8515 E. Orchard Road Greenwood Village, CO 80111
We will not accept hand delivered forms at Express Mail addresses.			

The group variable annuity insurance products are issued through Empower Annuity Insurance Company, Hartford, CT and distributed through Empower Financial Services, Inc., (EFSI). Both are Empower companies and each organization is solely responsible for its financial condition and contractual obligations. Annuity contracts contain exclusions, limitations, reductions of benefits and terms for keeping them in force. The annuity or certain of its investment options or features may not be available in all states. Policy forms currently available include DC- 08-TGWB-2011, ALC-408-TGWB-2011-NR, ALC-408-TGWB-2011-ROTH, IND-IFX-TGWB-2013-NR, IND-IFX-TGWB-2013-ROTH or state variation thereof.

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This page is for informational purposes only - Do not return with the Beneficiary Designation form
EXAMPLE BENEFICIARY DESIGNATIONS

Example 1: Multiple Individuals as Beneficiaries

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
• See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
33.33 %	John M. Doe	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
111 Elm Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.33 %	Don M. Doe	XXX-XX-XXXX	01/06/1954
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
222 North Avenue	Anytown	CA	90000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		
33.34 %	Michelle L. Doe	XXX-XX-XXXX	01/06/1957
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
333 West Blvd	Anytown	CO	80000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Example 2: Trust as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
• See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
100 %	Trust of Jane Doe	XX-XXXXXXX	06/30/2015
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
150 Main Street	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input checked="" type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Example 3: Estate as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
• See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
100 %	Estate of Anne Doe	/ /	/ /
% of Account Balance	Primary Beneficiary <i>(Name of Individual, Trust, Charity, etc.)</i>	Social Security or Taxpayer Identification Number	Date of Birth or Trust Date
45 East Road	Anytown	MO	60000
Street Address	City	State	Zip Code
(XXX) XXX-XXXX	Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i>		
Phone Number <i>(Optional)</i>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input checked="" type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

This page is for informational purposes only - Do not return with the Beneficiary Designation form
EXAMPLE BENEFICIARY DESIGNATIONS

Example 4: Charity as Beneficiary

B Beneficiary Designation <i>(Attach an additional sheet to name additional beneficiaries.)</i>			
Primary Beneficiary Designation <i>(Primary beneficiary designations must total 100% - percentage can be made out to two decimal places.)</i>			
• See the attached examples on how to complete the below beneficiary designations if the beneficiary is a non-individual, such as a trust, charity or estate.			
100 %	ABC Charity	XX-XXXXXXX	/ /
<small>% of Account Balance</small>	<small>Primary Beneficiary (Name of Individual, Trust, Charity, etc.)</small>	<small>Social Security or Taxpayer Identification Number</small>	<small>Date of Birth or Trust Date</small>
75 South Place	Anytown	CO	80000
<small>Street Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
(XXX) XXX-XXXX	<small>Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</small>		
<small>Phone Number (Optional)</small>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input checked="" type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		