



Roth 403(b) PLAN
SALARY REDUCTION AGREEMENT
 REV. 03/2009 www.CTdcp.com

MAIL COMPLETED FORM TO:
 ING Life Insurance and Annuity Co.
 PO Box 990069
 Hartford, CT 06199-0069
 Telephone: 800-784-6386

Read the reverse side of this form carefully before completing this agreement. Please type or print clearly in ink. The Office of the State Comptroller must approve all requests. You may not alter any of the printed information on this document. If you make a mistake, you must complete a new form. All forms must be completed in their entirety.

Type of Agreement	New Participant		Roth 403(b) Change Request			
	<input type="checkbox"/> I am a New Participant	Date of Hire	<input type="checkbox"/> Name	<input type="checkbox"/> Address	<input type="checkbox"/> Deferral Amount	<input type="checkbox"/> Suspend
Participant Information Please Print	Name & Address of Employing Agency			Social Security Number	Department ID	
	Participant (last, first, middle initial)		Former name (if applicable)	Employee Number	Employee Record Number	
	Street Address			Sex <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth	
	City, State, Zip Code			Office Telephone No.	Home Telephone No.	
Deferral Amount	<p>AFTER-TAX DEFERRAL AMOUNT: Deferral amount must be in whole dollars. Complete Catch-up Contribution Section below, if applicable.</p> <p>I elect to defer from my total compensation \$ _____ per pay period, effective check dated ____/____/____</p> <p>I understand my deferral election will remain in effect until I separate from State service, change or suspend my deferral amount by completing a new Salary Reduction Agreement, the maximum annual limit is reached, or my deferrals are suspended following a hardship withdrawal under the Plan.</p>					
Catch-Up Contribution Election	<input type="checkbox"/> AGE 50+ CATCH-UP OPTION – Available to employees who will be at least age 50 by December 31 st of the calendar year.					

I understand that Roth 403(b) Plan (Plan) benefits are only payable (1) upon retirement or separation from State service; (2) due to disability as defined by the Internal Revenue Code; (3) due to death or (4) for a financial hardship as defined in Section 403(b) of the Internal Revenue Code. **THIS IS NOT A SAVINGS ACCOUNT.** I understand the Plan is administered in accordance with Section 403(b) of the Internal Revenue Code and any applicable regulations. I acknowledge that as a Participant, I am solely responsible for any investment gain or loss, charge or expense of any kind under this Plan, by virtue of my account upon which benefits under the Plan are based. I agree that neither the State, my Employing Agency, nor ING represents or guarantees any tax consequence will occur because of my participation in this Plan and I shall be responsible to consult with and rely upon my own legal, accounting or other representative concerning all questions about tax and investment consequences arising from my participation in this Plan. I understand participation in this Plan is voluntary. In return, I, my heirs and successors hold harmless the State, my Employing Agency, its employees, officials, assignees, and successors from any and all liability for all acts in good faith. I understand my deferral election can be suspended at any time by completing a new Salary Reduction Agreement; however, compensation already deferred into the Plan cannot be withdrawn except for the benefit payment reasons noted above.

Participant's Signature	Date
Representative's Signature	Rep Code
Representative's Signature	Date
Official Use Only	
<input type="checkbox"/> LPC	

**MAIL THE ORIGINAL SIGNED FORM TO THE ADDRESS INDICATED AT THE TOP OF THIS FORM
 MAKE A COPY FOR YOUR RECORDS**



Type of Agreement	<p>This agreement must be completed to enroll in the Plan, to make changes to an existing Salary Reduction Agreement or to modify the amount of your deferral.</p> <p>Employees who are employed by multiple 403(b) eligible agencies have the option to select which eligible agency(ies) and corresponding job(s) their Roth 403(b) Plan deferrals will be taken from. Therefore, all employees participating in the State of Connecticut Roth 403(b) Plan must provide their employee record number. Note that your employee record number is different from your employee number. If you do not know your employee record number, you must contact your agency human resource or payroll department in order to obtain the appropriate employee record number which 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 Roth 403(b) deferrals from more than one eligible agency and/or job, you must complete a separate Salary Reduction Agreement for each eligible agency and/or job selected.</p> <p>To designate a beneficiary or change a beneficiary designation, contact the Service Center at 1-800-584-6001 or visit www.CTdcp.com.</p> <p>To apply for benefit payments/withdrawals or a financial hardship withdrawal, contact the Service Center at 1-800-584-6001.</p> <p>If certain conditions are met, transfers to/from other plans or IRA's may be allowed. For information, contact the Service Center at 1-800-584-6001.</p>
Deferral Amount	<p>Complete this section only if you are enrolling or changing your deferral amount (including electing to make Age 50+ Catch-up contributions). Any amounts deferred must be made through payroll deductions from future compensation only.</p> <p>Consult with your Plan Registered Representative (Registered Representative) regarding restrictions that may apply if you participate in any other salary reduction plan, such as a 403(b) plan, a 457 plan and/or a 401(k) plan.</p> <p>Unless you specifically elect and use the Age 50+ Catch-up option, the maximum amount you can defer in any calendar year is the amount specified under Section 402(g) of the Internal Revenue Code (as adjusted for cost of living). If you are making both 403(b) and Roth 403(b) Plan contributions, your aggregate contributions cannot exceed the maximum annual limit. Your Registered Representative can help establish the limitation applicable to your individual situation; however, it is ultimately your responsibility to assure that you do not defer more than is allowed in any calendar year.</p> <p>The effective check date of any enrollment or change of deferral amount is the date indicated or the earliest date thereafter consistent with the Administrator's processing requirements and the provisions set forth in Section 403(b) of the Internal Revenue Code.</p>
Catch-Up Contribution Election	<p>The Age 50+ Catch-up contribution is available to those participants who are or will be at least age 50 by December 31st and who have elected to defer the maximum amount under Section 402(g) of the Internal Revenue Code, as adjusted for cost-of-living.</p>
Participant Signature	<p>Your signature acknowledges (1) that you have received and read an investment option summary or a prospectus for each of the investment options you have elected to invest in; (2) that the State, your Employing Agency and its agents are not required to invest deferred compensation in any manner whatsoever. You understand that participation in the State of Connecticut Roth 403(b) Plan is voluntary. In return, you, your heirs, successors and assignees shall hold harmless the State of Connecticut and its employees, officials, agents, assignees and successors from any and all liability for all acts in good faith.</p> <p style="text-align: center;">THIS IS NOT A SAVINGS ACCOUNT. THIS IS A ROTH 403(b) RETIREMENT PLAN.</p>
	<p>Keep a copy of this Agreement for your records. Return the original signed form to your Registered Representative or to the address shown on the front of this form.</p>

