



**STATE OF CONNECTICUT
DEFERRED COMPENSATION § 457 PLAN
PARTICIPATION AGREEMENT**
CO-783 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 and the Plan document 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.

Type of Agreement	New Participant		457 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
	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>DEFERRAL AMOUNT: Minimum \$20.00 per pay period. 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 Participation Agreement, the maximum annual limit is reached, or my deferrals are suspended following an unforeseeable emergency withdrawal under the Plan.</p>					
Catch-Up Contribution Election	<p>You must elect your Normal Retirement Age before you will be permitted to make any Catch-up Contributions under the Plan.</p> <p>I hereby elect age _____ as my Normal Retirement Age, which I will attain in 20____. I understand that this election is irrevocable and cannot be changed (See reverse side for definition of Normal Retirement Age).</p> <p><input type="checkbox"/> SPECIAL SECTION 457(b) CATCH-UP OPTION – Only available during the three consecutive years before but not including the year you attain Normal Retirement Age. You must complete the Special § 457(b) Catch-up Underutilization Worksheet to demonstrate eligibility for this option. 457(b) Catch-up Start Date _____ 457(b) Catch-up End Date _____</p> <p><input type="checkbox"/> AGE 50+ CATCH-UP OPTION – Available to employees who will be at least age 50 by December 31st of the calendar year.</p>					

I understand that Deferred Compensation § 457 Plan (Plan) benefits are only payable (1) upon retirement or separation from State service; (2) due to death; (3) for an unforeseeable emergency as defined in the Plan document or (4) for a one-time in-service distribution where the total value of my account under the Plan is less than \$5,000 and I have not deferred any compensation into the Plan for at least a two-year period ending on the date of the withdrawal request. **THIS IS NOT A SAVINGS ACCOUNT.** I acknowledge receipt of the Plan document and confirm I understand the terms, provisions and conditions thereof; which terms, provisions and conditions are hereby incorporated into this Participation Agreement and constitute my entire rights and obligations under the Plan. I understand the Plan is administered in accordance with Section 457 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 Participation 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 Participation Agreement or to modify the amount of your deferral.</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 an Unforeseeable Emergency 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 any Catch-up contributions). Any amounts deferred must be made through payroll deductions from future compensation only.</p> <p>Consult 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 or a 401(k) plan.</p> <p>Unless you specifically elect and use one of the available Catch-up provisions, the maximum you can defer in any calendar year is the amount specified under § 457(c) and § 457(e) (15) of the Internal Revenue Code (as adjusted for cost-of-living). Your Registered Representative can explain the limitations applicable to your situation; however, it is ultimately your responsibility to make sure that you do not defer more than is allowed in any calendar year.</p> <p>The effective date of any enrollment or change of deferral amount cannot be earlier than the first pay period following the month in which this form is completed or the earliest date thereafter consistent with the Administrator's processing requirements and § 457 of the Internal Revenue Code.</p>
Catch-Up Contribution Election	<p>Before you can make any Catch-Up contributions, you must first elect a Normal Retirement Age. Under the State of Connecticut Deferred Compensation 457 Plan "Normal Retirement Age" is age 70 ½. However, you can elect an alternate Normal Retirement Age that is on or after the earlier of: (i) age 65 or (ii) the earliest date you will become eligible to retire and receive immediate, unreduced benefits under the defined benefit plan or the Alternate Retirement Program in which you also participate. The Normal Retirement Age you select cannot be earlier than age 40 or later than 70 ½. This is a one-time election and cannot be changed.</p> <p>The Special § 457(b) Catch-up option is available only during the three-year period before, but not including, the year in which you will attain Normal Retirement Age. You cannot make these contributions unless you have underutilized prior year contributions under the Plan. Complete the Special § 457(b) Catch-up Underutilization Worksheet to determine if you are eligible to use this option.</p> <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 also elected to defer the maximum amount permitted under § 457(e)(15), as adjusted for cost-of-living.</p> <p>Your Registered Representative can help you determine whether the Age 50+ Catch-up provision [under IRS regulation § 1.457-4(c)(2)(i)] or the Special § 457(b) Catch-up Option [under IRS regulation § 1.457-4 (c)(2)(ii)] will provide the greater deferral amount. You cannot use both the Special § 457(b) Catch-up and the Age 50+ Catch-up options during the same year. Consult with your Registered Representative for further information.</p>
Participant Signature	<p>Your signature acknowledges (1) receipt of the State of Connecticut Deferred Compensation § 457 Plan document and agreement to the terms, provisions and conditions thereof; which terms, provisions and conditions are hereby incorporated into this Participation Agreement and constitute your entire rights and obligations under the Plan; (2) 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; (3) that the State of Connecticut, your Employing Agency and its agents are not required to invest deferred compensation in any manner whatsoever. You understand and acknowledge that all Plan assets shall be held in trust by the trustee appointed by the Comptroller for the exclusive benefit of the Participant in accordance with the Plan document and the Internal Revenue Code. You understand that participation in the State of Connecticut Deferred Compensation § 457 Plan is voluntary. In return, you, your heirs, successors and assignees shall hold harmless the State of Connecticut, its employees, officials, agents, assignees and successors from any and all liability for all acts in good faith.</p> <p style="text-align: center;">NOTE: THIS IS NOT A SAVINGS ACCOUNT. THIS IS A DEFERRED COMPENSATION § 457 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 the form.</p>