



# Salary Deferral Change Form

**Instructions** Please print using blue or black ink.

Prudential

**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.

*If you are a new participant you must also complete the "REQUEST FOR ENROLLMENT" Form before authorizing payroll reductions or an account cannot be established for you.*

**About You**

0 0 6 1 4 9

Please provide your division/department name

\_\_\_\_\_

area code

**Agreement**

Before-Tax Contribution Election

Roth Contribution Election

X  
Your Signature

Date \_\_\_\_\_