



Salary Deferral Authorization

JERSEY CITY DEFERRED COMPENSATION PLAN

Instructions

Please print using blue or black ink. Keep a copy of this form for your records. Return the completed original to your Administrator, Lori Disbrow. The employer's copy should be used to adjust payroll records and then should be filed permanently. It is not necessary to return this form to Prudential.

Questions? Call 1-877-778-2100 for assistance.

If you are a new participant you must also complete the "ENROLLMENT FORM" Form before authorizing payroll reductions or an account cannot be established for you. Your Plan Administrator will be able to furnish you with the name of a qualified enrolling representative or call our toll free number.

About You

Plan number 002319 Department You are: [ ] New participant [ ] Changing contributions Social Security number Contact telephone number area code First name MI Last name Address City State ZIP code

Agreement

For the purpose of obtaining the benefits of Section 457 of the Internal Revenue Code, until further notice, I authorize my employer to reduce my salary by:

Per Pay Amount or Percentage % or \$

Check one box, only:

- [ ] Age 49 or under, this year [ ] Age 50 or over, this year

Beginning with payroll dated month day year

The amount of each salary reduction made as described above shall be transmitted to Prudential as a contribution under the above mentioned Plan number issued by Prudential, the terms of which confer upon me non-forfeitable rights to the benefits provided by such contributions. This salary reduction agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. The number of times I may change this agreement is subject to any restrictions in my employer's program. NOTE: Deferrals are only exempt from Federal Income Tax. NJ State and FICA Taxes are applicable.

X Your Signature Date

Your Employer's Authorization

The employer hereby agrees to make salary deductions as described and to transmit such amounts to Prudential.

Employer's Name Date By