

Instructions

- Complete this form in its entirety.
- Gather the appropriate documentation as requested in the 'Required Information' section of this form.
- Mail or fax this completed form and documentation as instructed below.
- Contact your previous recordkeeper or plan sponsor to initiate a disbursement from your previous account to Prudential.

Form and Check Direction

You should use this form if you want to roll over eligible money to your current account with Prudential. You should contact your current plan administrator to confirm acceptance. **Please complete using blue or black ink.**

Keep a copy of this form for your records and bring the original to your benefits/human resources office. This form must be signed by the current plan administrator or an authorized plan representative. The benefits/human resources office will be responsible for submitting the form to Prudential. All checks, whether sent by you or your prior employer's plan, should be payable to 'Prudential for the benefit of (participant's name)' and should also include the last 4 digits of the individuals social security number. **Please mail to the following address.**

Prudential
30 Scranton Office Park
Scranton PA 18507-1789

For Assistance
Call 1-877-778-2100
Say "consolidate"

Note: Receipt of the completed form is required within 30 days of the receipt of check. Failure to send us the completed form may cause the check to be returned.

To ensure proper and timely processing, please complete all fields below.

About You

Prudential Plan number	Sub Plan number	
<input type="text" value="960150"/>	<input type="text"/>	
Social Security number		Daytime telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
		<small>area code</small>
First name	MI	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Date of birth	Gender	Original date employed
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/> - <input type="text"/> - <input type="text"/>
<small>month day year</small>		<small>month day year</small>

Disclosures

If your transaction includes **after-tax dollars and/or Roth contributions**, your current provider or custodian needs to provide the amount of the **after-tax dollars and/or Roth contributions** along with the check, otherwise the entire amount will be applied as before-tax. Not all plans accept rollovers/transfers of after-tax and/or Roth. *For Roth rollover contributions, a letter from the prior plan's administrator that provides (1) the amount of Roth contributions (basis) being rolled over, and (2) your "Roth Start Date."

The law requires that any withdrawals made of after tax monies from a retirement plan must have a proportionate amount of earnings attached to them. This means that if you happen to have after tax contributions that were made to your account in 1986 or before, you can take a withdrawal at a future date of just the principal amount and you will not be required to include earnings. Any after tax contributions made after that date you will be required to take a proportionate amount of earnings. Your prior record keeper should have been tracking your pre-1987 and post-1986 after tax contributions.

Please note: If Prudential does not receive the breakdown of your pre-1987 and post 1986 after tax contributions, the monies will be deposited as post 1986 after tax monies and will have a proportionate amount of earnings attached to them for any future withdrawals until such time as you provide documentation to prove otherwise. If Prudential does not receive your Roth start date or year, we will default it to current day.

Your Authorization

I, the Plan participant, certify that all information on this form is accurate. I also certify that this transaction was distributed from a plan intended to satisfy the requirements of I.R.C. § 401(a), 403(a), 403(b), 457 (governmental only), or an IRA established pursuant to IRC § 408 and, which to the best of my knowledge, does satisfy them.

I additionally certify that this distribution can be rolled over into my account with Prudential because it:

- 1) is not one of a series of substantially equal periodic payments (not less frequently than annually) distributed over my life or life expectancy (or the joint lives [or joint life expectancies] of me and my beneficiary) or over a period equal to or greater than 10 years,
- 2) was received by me not more than 60 days before the date of the rollover to the Plan,
- 3) would be includible in gross income if not rolled over in its entirety, unless after-tax or Roth contributions, which have been previously taxed.
- 4) does not represent a Required Minimum Distribution, a hardship distribution, or a corrective distribution (for example: corrections of elective deferrals or elective contributions, etc.), and
- 5) was distributed to me as an employee (not as a beneficiary) or as a surviving spouse.

X _____ Date _____
Participant's/Account Owner's signature

Your Plan

I, the Plan Administrator, conclude this contribution is a valid rollover contribution the source of which is a plan intended to satisfy the requirements of I.R.C. § 401(a), 403(a), 403(b), 457 (governmental only), or an IRA established pursuant to IRC § 408 and, which to the best of my knowledge, does satisfy them.

Authorization

I have received notification from the administrator of the distributing plan or funding agency stating that:

- 1) the plan has received a favorable determination letter;
- 2) the plan or IRA satisfies Code Sections above; OR
- 3) the plan or IRA is intended to satisfy Code Sections above and that the administrator is not aware of any provision or operation that would result in its disqualification.

X _____ Date _____
Plan Administrator's or Authorized Plan Representative's signature

This completed form should be mailed to the following address or faxed to 1-866-439-8602.

Prudential

30 Scranton Office Park
Scranton PA 18507-1789