Request for Direct Deposit





Instructions

Please print using blue or black ink. Send completed form to the following address or fax it to 1-866-439-8602.

If faxing, please keep original for your records.

Prudential

PO Box 5410

Scranton, PA 18505-5410

Questions?Call 1-877-778-2100

for assistance.

About You	Plan number 7 6 7 0 0 2
	Social Security number
	First name MI Last name
	Address
	City State ZIP code
	Daytime telephone number

If you would like your disbursement sent to you via EFT, please provide the information below. **Electronic** Type of Account (please choose one): **Funds** Checking (Must attach a voided check below, or include a letter from your financial institution, **Transfer** with participant's name, checking account number, and ABA routing number) (EFT) Savings (Must include a letter from your financial institution with participant's name, savings (Complete this account number, and ABA routing number) section only if you choose to have your **IMPORTANT:** Your EFT payment may result in a check payable to you if: payment(s) Your voided check or financial institution letter is not included sent by EFT) All of the necessary information is not provided If this section does not apply to your disbursement request Please Tape Voided Check Here: JOHN DOE 2000 PLEASANT RO amywhere USA 12345 0000-000000 234000564 9876543201# I have carefully read this form and I hereby authorize Prudential to make this Plan payment(s) to the financial institution listed above in the form of Electronic Fund Transfer (EFT). I understand Prudential is not responsible for any losses associated with incorrect information provided (e.g. wrong banking instructions). The credit will typically be applied to your account within 2 business days of being processed. In the event that an overpayment is credited to the financial institution account listed above, I hereby authorize and direct the financial institution designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it. As a participant under the plan, I hereby authorize Prudential Retirement to make all of my installment retirement plan payments to the bank account I listed above in the form of direct deposit via electronic fund transfer (EFT). Your Your Please note that an electronic fund transfer (EFT) is only available for installment payments. If this form is included with an election other than the installment option, a check will be issued by Prudential Retirement and will be mailed, not electronically transferred, to the financial institution you referenced in the Direct Deposit Information section. In the event that an overpayment is credited to my bank account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a

If I am unable to complete this form, a duly appointed representative (guardian or attorney-in-fact) may arrange for my retirement plan checks to be deposited directly into my bank account by completing and signing the form as an authorized representative. The authorized representative must provide Prudential with a copy of the document granting the specific authority to act in this capacity.

Date

reasonable chance to act upon it.

Signature X

Page 2 of 2