

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. **Any check should be mailed to:**

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.

**About
 You**

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

Prudential Plan number		Sub plan number (if applicable)
7 6 7 0 0 2		
Social Security number		Daytime telephone number
- -	<small>area code</small>	- -
First name	MI	Last name
Address		
City		State Zip code
		-
Date of birth		Gender
<small>month day year</small>	<small>M F</small>	<small>month day year</small>

Prior Retirement Plan Provider and Plan Information

To ensure proper and timely processing, please complete all fields below. You must include a copy of a statement from your prior retirement plan provider.

Prior retirement plan provider name

[Grid for provider name]

Prior plan account number

[Grid for account number]

Prior retirement plan provider address

[Grid for provider address]

City

State

Zip code

[Grid for city, state, zip code]

Prior retirement plan provider daytime telephone number

[Grid for telephone number]

area code

Previous retirement plan name

[Line for previous retirement plan name]

What type of plan are you rolling/transferring FROM?

- 401(k) 401(a) 403(a)
 403(b) IRA Governmental 457(b)
 Simplified Employee Pension (SEP) Plan

Please liquidate and rollover/transfer:

Total Account Value OR

\$ [Grid for dollar amount].00

Rollover Allocation Information

If you are enrolled in the Plan and you have not made a rollover investment election by the time your rollover is processed, your rollover contribution will be invested in the same allocation as your employee contributions, otherwise it will be invested according to your current allocation. If you are not enrolled in the Plan, your rollover contribution will be invested in the default investment option selected by your Plan.

Any Roth dollars will be invested in the same allocation as your Roth contributions (if applicable).

If you wish to change your investment elections or transfer funds (if allowed under your plan), you can do so by calling Prudential toll-free at the number on the first page or go online at www.prudential.com/online/retirement.

Required Information

In order for your rollover to be approved, please be sure to submit proof to ensure the assets are acceptable and the plan satisfies the Code Sections indicated.

You will be required to provide the following documentation from the distributing retirement plan or IRA.

- A copy of a statement from the distributing plan or carrier that includes the plan name and identifies the type of plan (i.e., 401(a), 401(k) etc.).

OR

- A letter from the distributing plan or plan representative stating the plan is qualified under the applicable section of the Internal Revenue Code, or a copy of the plan's most recent determination letter or opinion letter.

Social Security Number [Grid]

Important information continued and signature required on the following pages

Minimum Distribution Information

I understand that if I am age 70 1/2 or older, the distributing provider is required to process the Required Minimum Distribution before these funds are rolled over to Prudential. I further understand that I need to direct the prior provider to distribute my Required Minimum Distribution prior to processing this rollover.

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
Authorization**

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.

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