



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 send the completed form and check to the following address. 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.

About You

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

Prudential Plan number	Sub plan number (if applicable)	
_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	
Social Security number	Daytime telephone number	
_____ _____ _____ _____ _____ _____ -_____ _____ -_____ _____	_____ _____ _____ _____ -_____ _____ -_____ _____	
	<small>area code</small>	
First name	MI Last name	
_____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Address		
_____ _____		
City	State ZIP code	
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____	
Date of birth	Gender	Original date employed
_____ _____ _____ _____ _____ _____	<input type="checkbox"/> M <input type="checkbox"/> F	_____ _____ _____ _____ _____ _____
<small>month day year</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

Prior plan account number _____

Prior retirement plan provider address

City _____ State _____ ZIP code _____

Prior retirement plan provider daytime telephone number

_____-_____-_____

area code

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

(After-tax contributions are not eligible for rollover into this plan.)

Please liquidate and rollover/transfer:

Total Account Value OR \$ _____,_____.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.

Important information continued and signature required on the following pages

Social Security number _____

Minimum Distribution Information

I understand that if I am age 70 ½ 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." 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.

Please note that if you live in one of these states (**Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Florida, Hawaii, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, or Wisconsin**), the following question must be answered. Failure to answer this question will result in processing delays of your transaction.

Was this transaction directly solicited by a selling agent? NO YES (If "Yes" is checked, please ensure that the Agent Authorization section below is completed by the selling agent. Failure to do so will result in processing delays of your payment. Please note direct solicitation took place if the selling agent "initiated" contact with you via phone call, in person, or a direct mailing. A group educational or group enrollment meeting would not constitute direct solicitation unless an agent initiated individual contact with you or you initiated individual contact with an agent to discuss investment options offered by more than one provider.)

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

Important information continued and signature required on the following pages

Social Security number _____

**Agent
Authorization**

To be completed by the selling agent *ONLY* if the participant resides in one of the states listed in the 'Your Authorization' section of this form.

For Plan Participants Who Are Residents of New York:

- Was this transaction obtained by means of direct solicitation? NO YES
Is a portion of the policy funded by employee contributions? NO YES
Is one annuity product being replaced by another annuity product? NO YES

By authorizing below, the selling agent is certifying to the following producer responsibilities:

1. At an initial meeting, I have reviewed the **Definition of Replacement** form, and required the applicant to complete and sign it indicating that the applicant has existing policies that are being replaced. I have obtained a list of all existing annuity contracts to be replaced, signed by the participant. I have also completed and signed the **NY Authorization to Disclose Contract/Policy Information** form. Copies of all documents have been provided to the participant. Original documents were submitted to Prudential Retirement.
2. At a subsequent meeting, I have presented and discussed a completed **Disclosure Statement/Annuity to Annuity Replacement Only** disclosure and determined that the replacement is in the participant's best interest. The **Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts** has been read and signed by the participant. Copies of both forms have been provided to the participant.
3. I represent that I provided the applicant with sales materials approved by Prudential only and have not provided any individualized or independently prepared sales materials not previously approved by Prudential.
4. Copies of the signed **Disclosure Statement/Annuity to Annuity Replacement Only** and **Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts** and all sales materials provided to the applicant accompany this application.

For Plan Participants Who Are Residents of Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Florida, Hawaii, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, or Wisconsin:

- Was this transaction obtained by means of direct solicitation? NO YES
Are there two or more insurers that plan participants may choose from? NO YES
Is the policy funded solely by employee contributions? NO YES
Is one annuity product being replaced by another annuity product? NO YES

If you responded "NO" to any one of the four preceding questions, no further action is required. Please sign and date below. If you responded "YES" to all four questions, YOU MUST READ AND COMPLY WITH THE STEPS BELOW.

By authorizing below, the selling agent is certifying to the following producer responsibilities:

5. I have required the applicant to complete and sign the form which includes a statement indicating that the applicant has existing policies that are being replaced.
6. I have read the Replacement Notice aloud to the applicant (applicant can waive this requirement listed as item 3 on the Replacement Notice.)
7. The form and the Replacement Notice have been completed listing all existing policies proposed to be replaced, as well as policy numbers (if available), whether each policy will be replaced or whether a policy will be used as a source of financing for the new policy.
8. I represent that I provided the applicant with sales materials approved by Prudential only and have not provided any individualized or independently prepared sales materials not previously approved by Prudential.
9. Copies of the signed form, the completed Replacement Notice and all sales materials provided to the applicant accompany this application.

Please note: Failure to complete ALL required information and provide copies of required information will delay the processing of the applicant's funds. Please authorize and date below.

 X _____ Date _____
Selling Agent's signature

Important information continued and signature required on the following page

Social Security number _____