



**Instructions**

- Complete this form in its entirety.
- 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**

This form should be used to place assets into your 403(b) plan with Prudential. 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 provider, 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  
 Fax: 1-866-439-8602

**For Assistance**  
 Call 1-800-458-6333  
 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

3 | 0 | 0 | 0 | 4 | 7 |

Social Security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Daytime telephone number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
area code

First name

\_\_\_\_\_

MI

\_\_

Last name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_

ZIP code

\_\_\_\_ - \_\_\_\_

Date of birth

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
month day year

Gender

\_\_ M \_\_ F

Original date employed

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
month day year



**Distributing  
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.

Distributing provider name

\_\_\_\_\_

Prior retirement plan provider address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP code

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Daytime telephone number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

area code

Plan Sponsor name (If different from current plan sponsor) \_\_\_\_\_

Distributing plan account number

\_\_\_\_\_

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   \$\_\_\_\_\_,\_\_\_\_\_ .00

If you selected a plan type other than 403(b) above, proceed directly to the Rollover section.

**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](http://www.prudential.com/online/retirement).

! Please carefully read the descriptions below and select the appropriate ONE for your situation.

**Contract Exchange Information**

**Contract Exchange (formerly known as 90-24 transfer):** Can be completed when you want to move assets from your 403(b) account at another investment provider to your 403(b) account with Prudential Retirement. Both accounts must be part of the same plan.

I have established a 403(b) plan with Prudential and hereby request an exchange of all or a portion of my 403(b) assets with another investment provider to my account at Prudential. Both accounts are part of my same employer's plan.

If your current provider is not sharing information with Prudential, please have them include the following with the check:

- Account value, if any, as of December 31, 1986
- Any amounts subject to 403(b)(7) restrictions
- Account value, if any, as of December 31, 1988 not subject to in-service distribution restrictions
- Contributions received after December 31, 1988 (for hardship withdrawal purposes)

**Plan to Plan Transfer**

**403(b) plan to 403(b) plan Transfer of Assets:** Can be completed to move assets from one 403(b) plan to a separate 403(b) plan (i.e. you have changed employers and would like to move your 403(b) account from your former employer to your 403(b) plan with Prudential Retirement, or your employer has elected to freeze or terminate their existing 403(b) plan and start a new 403(b) plan.)

I have established a 403(b) plan with Prudential and hereby request you to transfer all or a portion of either 1) my former employer's 403(b) plan account, or 2) my current employer's former 403(b) plan account to Prudential Retirement.

In order for us to accept the check and complete the request, please be sure to submit proof to show the assets are from a 403(b) plan. Acceptable documentation includes::

- A copy of a statement from the prior plan provider that includes the plan name and indicates that it is a 403(b) plan, or
- A letter from the prior plan provider stating it is a 403(b) plan.

If your current provider is not sharing information with Prudential, please have them include the following with the check:

- Account value, if any, as of December 31, 1986
- Any amounts subject to 403(b)(7) restrictions
- Account value, if any, as of December 31, 1988 not subject to in-service distribution restrictions
- Contributions received after December 31, 1988 (for hardship withdrawal purposes)

**Rollover**

**Direct Rollover:** Can only be completed by a participant who has had a distributable event (i.e. attaining age 59 ½, separation from service, etc.) who elects to directly roll those eligible assets into a current 403(b) plan with Prudential Retirement. In addition to completing this form, the financial institution that holds your other plan account may also require you to complete a distribution form. Note: Not all plans accept rollovers; if needed, consult with your Plan's representative for assistance.

I have reached a distributable event and have established a 403(b) plan with Prudential and hereby request you to directly roll over my assets from my eligible retirement plan into my account with Prudential.

In order for us to accept the check and complete the rollover, please be sure to submit proof to ensure the assets are acceptable and the plan satisfies the Code Sections indicated. Acceptable documentation includes, but is not limited to one of the following:

- A copy of a statement from the prior 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.

I 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 (forexample: 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.

**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. Note: This is not applicable when requesting a contract exchange or a plan to plan transfer.

**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.

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 \_\_\_\_\_  
Participant's/Account Owner's signature

Date \_\_\_\_\_

**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.

- Was this transfer 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:

1. 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.
2. I have read the Replacement Notice aloud to the applicant (applicant can waive this requirement listed as item 3 on the Replacement Notice.)
3. 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.
4. 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.
5. 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

**Prudential  
Authorization**

To be completed by a Prudential Representative upon receipt of completed form. This is to confirm that the above named participant or beneficiary has established a Plan account with us, and we will accept the rollover from your plan on behalf of this individual. If the participant is requesting a Contract Exchange, we certify that Prudential has agreed to share information with the employer.

X \_\_\_\_\_ Date \_\_\_\_|\_\_\_\_|\_\_\_\_  
Prudential Representative's signature