

**Minimum
Distribution
Information**

I understand that if I have attained the age of 70 ½ or older, the distributing carrier is required to process the Minimum Required Distribution before transferring the funds to Prudential. Therefore, if I meet these requirements, and have not already done so, I understand that I need to direct the prior carrier to distribute my Minimum Required Distribution prior to processing this rollover.

**Your
Authorization**

I, the Plan participant, certify that all information on this form is accurate. I also certify that this transfer/rollover contribution 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.

REQUIRED INFORMATION:

In order for us to accept the check and process the rollover, please be sure to submit proof to ensure the assets are acceptable and the plan satisfies the Code Sections indicated.

I am providing documentation from the prior plan or IRA that indicates the plan is either an IRC § 401(a), § 403(b), § 457(governmental only) plan, or an IRA established pursuant to IRC § 408. 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 indicates the type of plan,
- A letter from the prior plan's administrator stating the plan type and, if the plan is qualified, it has a determination letter,
- An excerpt from the prior plan's Summary Plan Description that indicates the plan name and plan type.

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,
- 4) does not represent a Minimum Required 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, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Rhode Island, South Carolina, 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 rollover/direct transfer payment.

Was this transfer/rollover 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.)

DID YOU REMEMBER TO INCLUDE DOCUMENTATION AS REQUESTED?

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

**Your
Plan
Authorization**
(if required)

I, the Plan Administrator, conclude this contribution is a valid rollover contribution the source of which is 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 satisfies Code Sections above; or
- 3) the plan 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

**Prudential
Authorization**

To be completed by the plan's account executive upon receipt of completed form. 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.

X

Date

--	--	--

Prudential Representative's signature

**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 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:

1. I have required the applicant to complete and sign the Exchange/Transfer/Rollover Acceptance 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 Exchange/Transfer/Rollover Acceptance 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 Exchange/Transfer/Rollover Acceptance 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