

## 457 Governmental DCP Plan **Request for Rollover to Prudential**

Form	
Instru	ctions

You should use this form if you want to roll over an eligible amount from your employer's IRC § 401(a) qualified plan, 403(a), 403(b) account, § 457(b) (governmental only) plan, or an IRA established pursuant to IRC § 408 to your current 457(b) governmental account with Prudential. You should contact your current plan administrator to confirm

acceptance. **Please print using blue or black ink.** Keep a copy of this form for your records and bring the original to Alameda County Treasurer's Office, Attn: DC Administration, 1221 Oak Street, 1st Floor, Room 131, Oakland, CA 94612 or interoffice mail QIC 20114 or fax to 510-272-3856. This form must be signed by the current plan administrator or an authorized plan representative. This form must be signed by the current plan administrator or an authorized plan representative. All checks, whether sent by you or your employer's plan, should be payable to 'Prudential for the benefit of Check (participant's name)' and mailed to the following address: **Direction** Questions? Prudential Remittance Processing Center Call 1-877-778-2100 P. O. Box 1206 for assistance. Wilkes-Barre, PA 18703-1206 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. Prudential Plan number Sub plan number About <u>0,0,6,8,0,9</u> You Social Security number Daytime telephone number MI Last name First name Address ZIP code City State Date of birth Sex Original date employed \_\_\_\_ M Distributing plan or carrier name **Distributing** Plan or Carrier Distributing plan or carrier address Information City State ZIP code Daytime telephone number Plan Sponsor (previous employer) name\_\_\_ Distributing plan account number \_\_\_\_\_\_\_\_ If you are currently enrolled in the Plan, your rollover assets will be invested according to your current allocation Rollover election. Otherwise, contributions will be placed in the default investment option selected by your Plan. You must Information contact Prudential if you would like to transfer existing funds from the default investment option. What type of plan are you rolling **FROM**? 401(k) 401(a) 403(a) 403(b) □ IRA ☐ Governmental 457(b) ☐ Simplified Employee Pension (SEP) Plan □ Roth 457(b)

OR

\_\_\_\_\_, \_\_\_\_\_.00

## 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

I, the Plan participant, certify that all information on this form is accurate. I also certify that this transfer/rollover Authorization 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
- 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 solicit	ation took place if the selling agent
"initiated" contact with you via phone call, in person, or a direct mail	ing. A group educational or group
enrollment meeting would not constitute direct solicitation unless an ag	9
you or you initiated individual contact with an agent to discuss investme	ent 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)			
	<ol> <li>the plan has received a favorable determination letter;</li> <li>the plan satisfies Code Sections above; or</li> <li>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.</li> </ol>		
	X Plan Administrator's or Authorized Plan Representative's signature  Date		
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 Prudential Representative's signature  Date		
Agent Authorization			
Addionization	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 <u>all</u> four questions, YOU MUST READ AND COMPLY WITH THE STEPS BELOW.		
	<ol> <li>By authorizing below, the selling agent is certifying to the following producer responsibilities:         <ol> <li>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.</li> <li>I have read the Replacement Notice aloud to the applicant (applicant can waive this requirement listed as item 3 on the Replacement Notice)</li> </ol> </li> <li>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.</li> <li>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.</li> <li>Copies of the signed Exchange/Transfer/Rollover Acceptance Form, the completed Replacement Notice and all sales materials provided to the applicant accompany this application.</li> </ol>		
	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 Selling Agent's signature Date