

**Distributing
Provider
and Plan
Information**

Distributing provider name _____

Distributing provider address _____

City _____ State _____ ZIP code _____

Daytime telephone number _____
_____ - _____ - _____
area code

Plan Sponsor (previous employer) name _____

Distributing plan account number _____

**Rollover
Information**

If your amount 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**.

The law requires that any withdrawals made of after tax monies from a qualified 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 won't be required to include earnings with that. 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 receives a Rollover Acceptance Form that does not specify 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.

For Roth rollovers/transfers, 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 you are currently enrolled in the Plan, your rollover assets will be invested according to your current allocation election. Otherwise, contributions will be placed in the default investment option selected by your Plan. You must contact Prudential if you would like to transfer existing funds from the default investment option.

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

Total Account Value **OR** \$ _____, _____ .00

**Minimum
Distribution
Information**

I understand that if I am age 70 ½ or older, the distributing provider is required to process the Minimum Required Distribution before these funds are rolled over Prudential. I further understand that I need to direct the prior provider to distribute my Minimum Required Distribution prior to processing this rollover.

Important information continued and signature required on the following page

Social Security Number _____

**Your
Authorization**

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

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. Acceptable documentation that indicates the plan is either an IRC § 401(a), § 403(b), § 457(governmental only) plan, or an IRA established pursuant to IRC § 408 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, breakdown of before-tax and after-tax dollars including your pre-1987 and post 1986 after tax contributions, (not all plans accept rollovers of after-tax dollars) 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,
- 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."

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.

DID YOU REMEMBER TO INCLUDE DOCUMENTATION AS REQUESTED?

 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

Social Security Number _____