



Instructions Please print using blue or black ink. Send completed form to the following address or fax it to 1-866-439-8602.

Prudential
PO Box 5410
Scranton, PA 18505-5410

About You

Plan number **9 2 0 0 1 0** Sub plan number (if applicable) **0 0 0 0 0 1**

Questions?
Call 1-877-778-2100
for assistance.

Social Security number _____ Daytime telephone number _____
_____ area code _____

First name _____ MI _____ Last name _____

Address _____

City _____ State _____ ZIP code _____

Date of birth _____ Gender M F
month day year

Child's name _____

Child's date of birth _____
month day year

If applicable, date legal adoption of an eligible adoptee is finalized
_____ month day year

Check here if multiple births or adoptions occurred on same date. Please list other children, including date(s) of birth and adoption (if applicable) on a separate page.

Options

Qualified birth or adoption distributions may not exceed \$5,000 from all eligible retirement plans and IRAs in a one-year period per birth or adoption event. Please note that some contribution types (e.g., money-purchase sources) may not be available to fund this distribution.

(20) I elect to receive \$ _____, _____ (may not exceed \$5,000 per child) of my account in a check made payable to me. Please use a separate form for multiple births or adoption events occurring on different dates. Depending on the terms of your plan, the funds will either be prorated across all available contribution types and investments or taken in a specific sequence.

I elect to receive **the maximum amount available** (may not exceed \$5,000 per child) of my account in a check made payable to me. Please use a separate form for multiple births or adoption events occurring on different dates. Depending on the terms of your plan, the funds will either be prorated across all available contribution types and investments or taken in a specific sequence.

**Election For
Withholding
of State
Income Taxes**
(For Single Sum
Payments)

- A. Mandatory State Withholding:** If you reside in a state where state income tax withholding is mandatory **AR, CA*, DC (mandatory for total single sum distributions only), DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), CT, ME, MI (see below), NC, NE, OK*, OR*, VA or VT*** applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.

If you are a resident of **IA**, have federal income taxes withheld, and receive one or more distributions totaling more than \$6,000 in the calendar year, **IA** income taxes are required to be deducted for the amount over \$6,000.

- My resident state is **AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only)** and I do not want state income tax withholding deducted from my distribution. (An election out of **AR, DE, KS, ME, NC, or VA** state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) **Important note to Maine (ME) residents. If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.**
- *My resident state is one of the following: **CA, OK, OR, **VT** and withholding is required if federal income tax is withheld, unless I elect out of state withholding. By checking this box I am electing out of state withholding. **An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.
- My resident state is **CT** and Prudential will withhold 6.99% on your taxable distribution. Please note that if you are not requesting a distribution of your entire account balance and if Form CT-W4P, *Withholding Certificate for Pension or Annuity Payments*, applies to you, please return Form CT-W4P as part of this distribution form. Form CT-W4P is available on the Department of Revenue Services (DRS) website, at www.ct.gov/DRS.

My resident state is **MI** and withholding of 4.25% is required, unless my payments are not taxable and I opt out.

- My resident state is **MI** and I would like to opt out of **MI** withholding. Note: Opting out may result in a balance due on your **MI 1040** as well as penalty and/or interest.
- My resident state is **MI** and if my payments are taxable, I wish to have **MI** state withholding based on the number of exemptions selected. I have entered the number of exemptions below:
_____ Enter the number of personal exemptions allowed on your Michigan Income Tax Return (MI-1040). The total number of exemptions you claim may not exceed the number of exemptions you are entitled to claim when you file your **MI-1040**. Withholding will be computed at the percentage determined by the state after subtracting your personal exemption allowances.
- My resident state is **MI** and I am requesting _____ % additional **MI** state tax withheld from my payment. This amount must be a whole percentage.

- B. Voluntary State Withholding:** Please check the appropriate box below. If state income tax withholding is not mandatory in your state, you may be allowed to request state tax withholding. If your state of residence is not listed, or if you choose a method of withholding that is not offered for your state, we cannot withhold state income tax.

- I reside in one of the following voluntary withholding states: **AL, CO, DC (voluntary for partial and systematic distributions), GA, ID, IA (voluntary if no federal tax withheld) IL, IN, KY, LA, MD (non-eligible rollover distributions only), MA (voluntary if no federal income tax withheld), MN, MO, MS (voluntary except for early distributions), MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV (NE and VA state withholding is voluntary for payments from IRA's only)** and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)
_____ % or \$ _____

- I reside in one of the voluntary withholding states listed above and I do not want state income tax withholding deducted from my distribution.

- C. No State Withholding:** Some states do not have state income tax withholding.

- My resident state is one of the following: **AK, FL, HI, NV, NH, SD, TN, TX, WA, WY** and there is no state income tax withholding.
- My resident state is **AZ** and there is no state income tax withholding on non-periodic (single sum) payments.

Election for Withholding of Federal Income Tax
(Check one box only)

Qualified birth or adoption distributions are subject to 10% federal income tax **withholding**, unless you elect otherwise. Some states also require withholding from the taxable portion of your distribution if federal income tax is withheld. You can elect to have no federal income taxes withheld by checking the box below. If you do not check one of the options below, or if you make an invalid election, 10% federal income tax will be withheld from your distribution.

1. I elect **to have** federal income tax withheld at 10% from the taxable amount of my distribution.
2. I elect **not** to have federal income tax withheld from my distribution.
3. I elect **to have** federal income tax withheld from the taxable amount of my distribution at either the following percentage or dollar amount (must equal at least 10% of the taxable amount of your distribution):
_____ % or \$ _____ .00

Express Mail or Electronic Funds Transfer (EFT)

Please select a payment option below. If no selection is made, a check will be sent via regular mail.

- Regular Mail Express Mail (The cost is \$25 per check. Prudential will deduct \$25 from your account prior to the distribution.)

Please Note: Express mail is not available for delivery to post office boxes.

- Electronic Funds Transfer (EFT).

If you would like your disbursement sent to you via EFT, please provide the information below:

Financial Institution name

Account Number

Financial Institution Routing/Transit/ABA Number

Type of Account (please choose one):

- Checking
 Savings

IMPORTANT: Your EFT payment may result in a check payable to you if:

- All of the necessary information is not provided
- There is a discrepancy in the information provided
- This section does not apply to your disbursement request

I have carefully read this form and I hereby authorize Prudential to make this Plan payment(s) to the financial institution listed above in the form of Electronic Fund Transfer (EFT). I understand Prudential is not responsible for any losses associated with incorrect information provided (e.g. wrong banking instructions). The credit will typically be applied to your account within 2 business days of being processed.

In the event that an overpayment is credited to the financial institution account listed above, I hereby authorize and direct the financial institution designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.

