



**Instructions** Please print using blue or black ink. To qualify for this disbursement, Prudential must receive this completed form in good order no later than 4:00 p.m. (2:00 p.m. if your plan has company stock) Eastern Time on **December 28, 2020**. Send completed form to the following address or fax it to **1-866-439-8602**. If faxing, please keep original for your records.

**Prudential**  
30 Scranton Office Park  
Scranton, PA 18507

### About You

Plan number  
9 | 2 | 0 | 0 | 1 | 0

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

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

### Options

Coronavirus-related distributions may not exceed \$100,000 from all eligible retirement plans and IRAs. Coronavirus related distributions previously requested under a retirement plan automatically reduce the \$100,000 limit. Coronavirus-related distributions from this plan are limited to a maximum of \$25,000. Please note that some contribution types (e.g., money-purchase sources) may not be available to fund this distribution.

- Total Single Sum-To receive my total vested account balance in a check made payable to me.
- Partial Single Sum-To receive \$ \_\_\_\_\_, \_\_\_\_\_ of my account in a check made payable to me. *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.* If you select this option and no amount is specified here or if you would like to choose the contribution type for your disbursement, you must check the appropriate box(es) below:
  1.  Amount indicated or maximum amount of my **After-Tax** (if available) contributions and earnings. (In general, the Tax Reform Act of 1986 mandates that certain disbursements of *after-tax* contributions must include some return of interest, which will be subject to tax.)
  2.  Amount indicated or maximum amount of my *before-tax* **Rollover** (if available) contributions and earnings.

### Election for Withholding of Federal Income Tax

*(Check one box only)*

Coronavirus-related 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 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

**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](http://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 exceptions 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.

**Electronic Funds Transfer (EET)**

*(Complete this section only if you choose to have your payment(s) sent by EFT)*

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

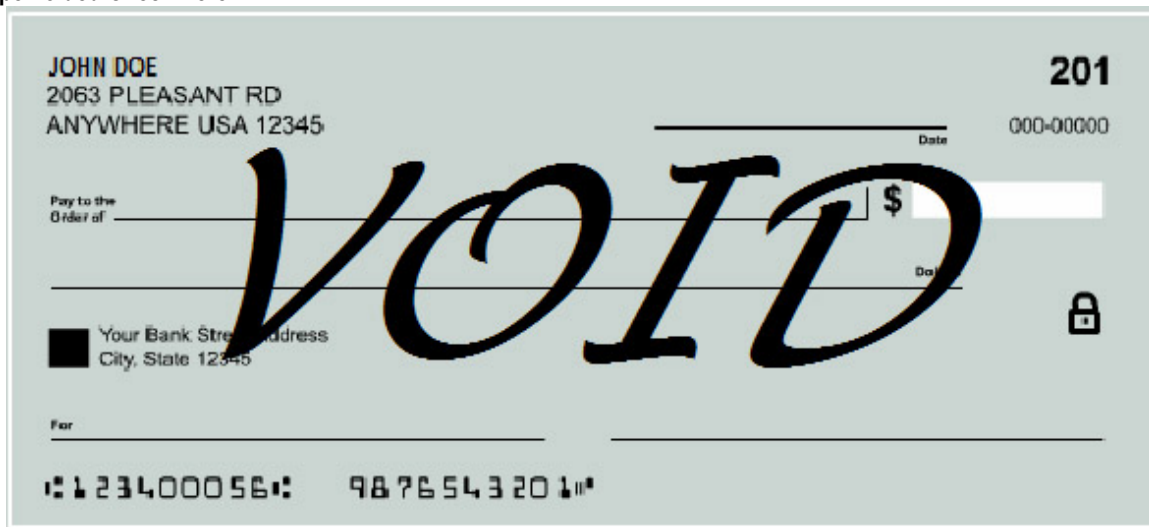
Type of Account (please choose one):

- Checking **(Must attach a voided check below, or include a letter from your financial institution, with participant's name, checking account number, and ABA routing number)**
- Savings **(Must include a letter from your financial institution with participant's name, savings account number, and ABA routing number)**

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

- Your voided check or financial institution letter is not included
- All of the necessary information is not provided
- If this section does not apply to your disbursement request

Please Tape Voided Check Here:



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.

**Express Mail**  
*(check box if applicable)*

- Send my disbursement check by express mail from my account prior to the distribution. **Please Note:** Express mail is not available for annuities or systematic disbursements, or delivery to post office boxes.

**Your  
Authorization**

I certify that I have not exceeded the maximum \$100,000 limit on Coronavirus-related distributions from all retirement plans and IRAs, including with the distribution requested here, and that I qualify for a Coronavirus-related distribution for one of the following reasons:

- I have been diagnosed with the virus SARS-Co-V-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention;
- My spouse or dependent has been diagnosed similarly with the virus; or
- I have experienced adverse financial consequences as a result of being quarantined, furloughed, laid off, having work hours reduced, being unable to work due to lack of child care due to the virus, or closing or reducing hours of a business owned or operated by me due to the virus.

I understand that Prudential will rely on the information I have provided in processing my request. I further understand that I am responsible for its accuracy in the event any dispute arises with respect to the transaction. I understand the tax implications regarding this disbursement.

  X    
Participant's signature |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Date

**Your  
Plan  
Authorization**

**This section must be completed by your employer and signed by an authorized plan representative.**

I authorize this disbursement under the provisions of the Coronavirus Aid, Relief, and Economic Security Act.

Vesting Percentage: |\_|\_|\_|\_|\_|% (if applicable)

  X    
Authorized plan representative's signature |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Date

\_\_\_\_\_  
Print name and title

  X    
Authorized plan representative's signature (if two signatures are required) |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Date

\_\_\_\_\_  
Print name and title