

Self-Directed Brokerage Account Application

Questions?
Call Prudential Retirement®
at **877-778-2100** (fax: 877-493-9854)
prudential.com/prs



For Prudential use only: 708

1 Instructions

Please print using blue or black ink.

Send completed form to either of the following addresses or fax it to **877-493-9854**. If sending via fax, please keep the original form for your records.

RETURN STANDARD MAIL TO: } Prudential Retirement
PO Box 5320
Scranton, PA 18505-5320

RETURN OVERNIGHT MAIL TO: } Prudential Retirement
30 Scranton Office Park
Scranton, PA 18507

FAX TO: } 877-493-9854

Please note: Once your account is opened, Prudential Retirement will provide you with your Self-Directed Brokerage account number.

Deposits into the Self-Directed Brokerage account may only be made by exchanging funds invested among your core plan options. Distributions to you, if applicable, must be made from your core plan account. Your core plan is a combination of those base investment options chosen by your employer in which all plan participants can allocate their retirement savings. There are account minimums and an account fee applicable to your Self-Directed Brokerage account. See your fact sheet or plan administrator for more information.

2 Participant information (please print)

First name	MI	Last name		
Social Security number		Daytime telephone number		(area code)
Address	(please provide a street address only)			
City		State		ZIP code
Date of birth		Non-resident alien?	Yes	No (If yes, W-8 Form is required.)

Additional information

Trusted contact*

Name	Relationship
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Home address

City	State	ZIP code
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Home phone	Business phone	Cell phone
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*Only to be contacted in the event of suspected financial exploitation of a senior/vulnerable person.

Accounts are carried by National Financial Services LLC, member NYSE/SIPC.

3 Employer information

Plan number

Sub-plan number

(If you do not know your plan or sub-plan number(s), please reference your quarterly statement or contact your plan administrator.)

Employer name/
plan sponsor

Address

City

State

ZIP code

Please check here if you are retired or terminated from employment from the employer/plan sponsor identified above.

Is the account holder for this application affiliated with or employed by a member firm of a stock exchange or FINRA, or a senior officer of a bank, S&L, insurance company, registered investment company or registered investment advisory firm?

Yes No If yes, list company name and position.

Is any account holder or anyone with an interest in the account a director, a 10% shareholder or a policy-making executive officer of a publicly traded company?

Yes No If yes, list company.

4 Your authorization

I am a participant in the tax-qualified retirement plan identified in Section 3 of this application, and I am establishing a brokerage account (the "Securities Account") as an investment under the plan. I hereby apply for a Securities Account under the terms and conditions set forth in the Participant Agreement (the "Agreement"), and I am subject to the terms and conditions of the plan and applicable law and agree to be bound thereby. I am authorized to enter into the Agreement and have obtained and will provide you with all necessary authorizations from third parties to open accounts and effect transactions under the Agreement. I understand that the Trustee of this application (the "Trustee") will be the owner of all securities purchased, held and sold through you. However, in accordance with the terms of the plan, I may have the authority to purchase, hold or sell such securities through the Securities Account. I understand that you entered into an agreement with National Financial Services LLC (NFS) to execute and clear securities transactions in the Securities Account. I further understand and agree that NFS will carry and maintain my Securities Account, except as may otherwise be provided in the Agreement. I understand and agree that, for our mutual protection, you and NFS may record any of our telephone conversations without further notice. I also understand that all transactions shall be subject to rules, regulations, customs and usages of the exchange, market or clearinghouse where executed, and to all applicable federal and state laws and regulations. I will not buy, sell or liquidate any securities of a corporation of which I am an affiliate, or sell or liquidate any restricted securities, except in compliance with applicable laws and regulations and with notice, to you, that the securities are restricted. I acknowledge that Prudential Retirement, NFS, the Trustee or a fiduciary of the plan may cancel, at the cost of the Securities Account, any transaction that it believes is inconsistent with the terms of the plan or with applicable law.

I understand that Prudential may contact the Trusted Contact if there are questions or concerns about my whereabouts, how to contact me, my health status, that I might no longer be able to handle my financial affairs, or that I may be a victim of fraud or exploitation. I understand that Prudential might also contact the Trusted Contact to inquire about the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted.

I agree and authorize Prudential and its affiliates to share my nonpublic personal information held by Prudential, including but not limited to my financial information, balances or other financial transactions, to the Trusted Contact identified.

I represent that the Trusted Contact is at least 18 years of age.

I understand that, by naming a Trusted Contact, I am not naming that person as a beneficiary to my account. If I choose to name the Trusted Contact or any other person as a beneficiary, I must complete a separate beneficiary election.

I understand that naming a Trusted Contact is not required, that there is no requirement that Prudential reach out to the Trusted Contact, and that I may withdraw this authorization at any time by notifying Prudential in writing to Prudential, PO Box 5310, Scranton, PA 18505 or by calling **877-PRU-2100** (877-778-2100). I and my heirs hold Prudential harmless if Prudential either acts, or fails to act, based upon the instructions in this form or in the exercise of Prudential's best judgment.

I understand that this material is not intended as advice or a recommendation about investing or managing my retirement savings. By sharing it, Prudential Retirement is not acting as my fiduciary as defined by the Department of Labor's Fiduciary rule or otherwise. Further, I acknowledge that it is my sole responsibility to determine if the investments available through the brokerage account option are appropriate for my personal retirement savings situation, and that, unless otherwise specifically identified, investments available under the brokerage option are not designated investments under my plan. I further understand and acknowledge that I will be exercising control over the assets in my brokerage account option, that I assume all liability for losses or other consequences attributable to any investment decision made in connection with my brokerage account option, and that no other person shall be liable for any loss that results from my exercise of control over my brokerage account option.

I understand that no distributions from the Securities Account may be made directly to me. All withdrawal requests must be processed through the core plan for disbursement.
I understand that an annual maintenance fee may be collected from my core plan balance. Prudential Retirement may change the fee schedule from time to time, as provided in the Participant Agreement.
I understand that Prudential, according to its contract with my plan sponsor, has the right to freeze transfers from my core account into my securities account.
I have reviewed the information contained on this application (including my Social Security number) and attest to the accuracy thereof. (NOTE: Failure to provide the correct Social Security number may subject plan distributions to tax withholding.) I also acknowledge that I have read and agree to the terms and conditions of the Participant Agreement.
I acknowledge that Prudential Retirement may liquidate account positions to resolve any errors caused by me.
I have reviewed the information contained on this application and attest to the accuracy thereof.
I acknowledge that, according to the plan and trust agreement, the plan sponsor or Trustee may close and liquidate the securities account.
I understand that there are limitations on the types of investments available through the Securities Account; these limitations will be disclosed to me from time to time by Prudential Retirement.
I understand that the investments in the Securities Account are not FDIC-insured, are not bank deposits, and may lose value. I understand the risks associated with these investments, including the potential loss of principal.
I understand that the Participant Agreement contains a pre-dispute arbitration clause (section 15 of the Participant Agreement, beginning on page 3) requiring all disputes under the Agreement to be settled by binding arbitration. By signing below, the participant acknowledges receiving a copy of the Participant Agreement.

Participant's name
(please print)

Participant's signature _____ Date

FOR INTERNAL USE ONLY

Supervisory principal's name
(please print)

Supervisory principal's signature _____ Date

Office Reg. rep. no. Account no. Date

Securities products are not FDIC-insured / Not bank deposits / May lose value

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