

Prior Retirement Plan Provider and Plan Information

To ensure proper and timely processing, please complete all fields below. You must include a copy of a statement from your prior retirement plan provider.

Prior retirement plan provider name

Prior plan account number _____

Prior retirement plan provider address

City

State

ZIP code

_____ - _____

Prior retirement plan provider daytime telephone number

_____-_____-_____

area code

Previous retirement plan name _____

- 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

(After-tax contributions are not eligible for rollover into this plan.)

Please liquidate and rollover/transfer:

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

Rollover Allocation Information

If you **are enrolled** in the Plan and you have *not* made a rollover investment election by the time your rollover is processed, your rollover contribution will be invested in the same allocation as your employee contributions, **otherwise** it will be invested according to your current allocation. If you **are not enrolled** in the Plan, your rollover contribution will be invested in the default investment option selected by your Plan.

If you wish to change your investment elections or transfer funds (if allowed under your plan), you can do so by calling Empower toll-free at the number on the first page or go online at www.prudential.com/online/retirement.

Required Information

In order for your rollover to be approved, please be sure to submit proof to ensure the assets are acceptable and the plan satisfies the Code Sections indicated.

You will be required to provide the following documentation from the distributing retirement plan or IRA.

- A copy of a statement from the distributing plan or carrier that includes the plan name and identifies the type of plan (i.e., 401(a), 401(k) etc.),

OR

- A letter from the distributing plan or plan representative stating the plan is qualified under the applicable section of the Internal Revenue Code, or a copy of the plan's most recent determination letter or opinion letter.

Important information continued and signature required on the following pages

Social Security Number _____

**Minimum
Distribution
Information**

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

**Your
Authorization**

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

I additionally certify that this distribution can be rolled over into my account with Empower 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, unless after-tax contributions, which have been previously taxed.
- 4) does not represent a Required Minimum 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.

 X _____ Date | |
Participant's/Account Owner's signature

Social Security Number _____