

Options

Please select from the following option(s): (May be continued on next page.)

(15)

- To leave the total of my vested account balance within my employer's plan until no later than the Required Minimum Distribution date. You may be required to receive a distribution of your account if your balance is less than a specified amount designated by your plan. *(This option only applies if you are no longer employed by the employer sponsoring the plan.)*

(73)

- Direct Rollover**-Please complete applicable sections below.

1. Types of money in your account.	2. What do you want to roll over?	3. What type of account are you rolling to?	4. Please choose a specific product/plan below.
<p>Tax-Deferred and After-Tax Account. (Excludes Roth Accounts. May include one or more of the following: Your own contributions (pre-tax, after-tax, or both), made by your employer, money you've rolled over from another employer-based plan.)</p>	<p><input type="checkbox"/> The entire Account.</p> <p><input type="checkbox"/> A portion of the Account: \$ _____ (The remaining balance will be paid in a lump sum.)</p>	<p><input type="checkbox"/> Another eligible employer-based plan.</p> <p><input type="checkbox"/> A Traditional IRA.</p> <p><input type="checkbox"/> A Roth IRA.¹</p>	<p>Financial Institution² _____</p> <p>Address _____</p> <p>Account number: _____</p>

¹This type of rollover is subject to current taxes. Please complete the section called "Election for Withholding Federal Income Taxes When Rolling Non-Roth Money to a Roth IRA" below.

²If the address of the institution is not given, your direct rollover check will be sent to you. You are responsible for completing the direct rollover to your financial institution in a timely manner in accordance with applicable law. If rolling over to multiple institutions, please list additional institutions or IRA (note if Traditional or Roth) on a separate page.

(20)

- 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 *before-tax* **Rollover** (if available) contributions and earnings.

(20)

- Total Single Sum-To receive my total vested account balance in a check made payable to me.
 - You have the option to purchase an Annuity. You can obtain an annuity quote and request a form by calling our toll-free number.

**Election for
Withholding
Federal
Income
Taxes When
Rolling Non-
Roth Money
to a Roth IRA**

Only complete this section if you elected to roll non-Roth money to a Roth IRA above. If you do not complete this section, no federal income tax will be withheld if you elect to rollover non-Roth money to a Roth IRA.

A rollover of non-Roth money to a Roth IRA is generally taxable. However, this distribution is not subject to 20% mandatory federal withholding. You may elect withholding by making an election below.

Please withhold _____% (percent) or \$_____ (amount)

Please do not withhold federal income taxes

(Note: If you elect federal income tax withholding for this type of rollover, you will receive a second 1099-R for the withholding amount. If you are under age 59.5 and you elect withholding, the withholding amount may be subject to a 10% early distribution penalty.) Consult with your tax advisor to understand the tax implications for you.

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

We will automatically withhold 20% federal income tax from the taxable portion of your distribution. Only complete this section if you elected a total or partial single sum distribution made payable to you and you wish to have an additional amount withheld from your distribution.

In addition to the 20%, I want _____% or \$_____, _____ federal income tax withheld from my distribution.

Important information and signatures required on the following pages

Election For Withholding of State Income Taxes

(For Single Sum Payments and Rollovers of non-Roth money to a Roth IRA)

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), 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 **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, CT, 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, 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.

***For Married Participants**

Spousal Waiver

(We are unable to accept a fax copy notarized with a Raised Seal)

I am the participant's spouse. I understand that I am entitled to a spousal death benefit under the Plan based on the participant's account balance at the time of his or her death. I understand that if this spousal benefit is in the form of a "qualified joint and survivor annuity" or QJSA, an explanation of the QJSA and other payment options was provided to the participant with this waiver form. I realize that the participant cannot waive this spousal benefit and obtain a distribution in the form requested or obtain a loan unless I consent. I acknowledge that the transaction requested by the participant may reduce or eliminate any benefit otherwise payable to me. I voluntarily consent to the participant's waiver or loan request and acknowledge that this will authorize the request.

X _____ Date _____ | _____ | _____
Spouse's signature - must be witnessed by a notary public OR authorized plan representative. Spouse and Notary must sign and date the form at the same time and on the same date. The dates must match.

(Seal/Stamp)

Subscribed and sworn before me on the _____ day of _____, the year _____

State of _____, County of _____

My commission expires _____

X _____
Notary's signature

OR

X _____ Date _____ | _____ | _____
Authorized plan representative's signature

Your Authorization

I understand that Prudential will rely on the information I have provided in processing my request. I understand that my request must be reviewed to confirm eligibility under applicable Internal Revenue Code requirements and plan rules and will be processed upon confirmation. I further understand that I am responsible for its accuracy in the event any dispute arises with respect to the transaction. I acknowledge that I have read the attached **Special Tax Notice Regarding Plan Payments**. I understand the tax implications regarding this disbursement, including that if I am entitled to an eligible rollover distribution, I have the right to consider whether or not to elect a direct rollover for at least 30 days after this special tax notice is provided. By signing this form, I am waiving this notice period. The taxable portion of any distribution that is eligible for "rollover" is subject to a *mandatory 20% federal income tax withholding*, unless that amount is directly rolled to an Individual Retirement Account (IRA) or to another plan in which I am a participant.

Current federal tax rules require your plan sponsor to notify you, in writing, of certain requirements you must meet to receive a cash distribution from your retirement plan. By signing the approval section below, you waive the required 30-day notice and you will receive a distribution from your retirement plan without delay, but no sooner than 8 days from your receipt of this form, **regardless of your marital status**, under the terms of your retirement plan. Also, by signing below, you affirm that you will have received a general description and explanation of the optional forms of benefits, if any, available to you and a written notice describing the general tax rules applicable to this distribution.

I have read the explanation of the Qualified Joint and Survivor Annuity ("QJSA") and other payment options that was provided and I know that I have the right to receive my benefits as a joint and survivor annuity if I am married or a life annuity if I am not married. I also know I can waive the right to annuity payments, with the consent of my spouse if I am married. I understand that if I waive those rights I can change my mind and revoke the waiver at any time before my payments begin. I have at least 30 days to decide whether or not to waive the annuity payments. By consenting to this distribution, I understand I am waiving my right to a life annuity.

If there are investment options available through your retirement account that are subject to the fund's market timing policies, you may be subject to restrictions or incur fees if you engage in excessive trading activity in those investments. You may wish to review the fund prospectus or your retirement account's market timing policy prior to submitting this transaction request. If a fee applies to the transaction, you will be able to view the details after the transaction is processed by logging on to the retirement internet site at **www.prudential.com/online/retirement**.

X _____ Date _____ | _____ | _____
Participant's signature

**Your
Plan**

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

Authorization

I certify, as plan sponsor and authorized representative of the plan, I understand that it is my responsibility to confirm vesting percentage, marital status, employee status (i.e., terminated, rehired) and date of termination for terminated participants, and submit such information to Prudential. I understand that it is my responsibility to notify Prudential of any change in marital status or employee status (i.e., if a participant is rehired). I have reviewed this disbursement application and approve and authorize the processing of this request.

Date of Termination: (if applicable)
month day year

X _____ *Date*
Authorized plan representative's signature

Print name and title

Fund Office fax number: 1-866-316-4794