

Instructions for Rollover Pre-Approval

NC 457b DEFERRED COMP PLAN

You should use this form if you want to roll over an eligible amount from your former employer's IRC § 401(a), 401(k), 403(a), 403(b) account, § 457(b) (governmental only) plan, or an IRA established pursuant to IRC § 408 (pre-tax money only) to your current account with Prudential Retirement under the NC 457(b) Deferred Comp Plan. Please note you must be enrolled in the NC 457(b) Deferred Comp Plan in order to roll over these funds. Keep a copy of this form for your records.

In order to roll over funds into your NC 457(b) Deferred Comp Plan, you must take the following steps:

- A. Complete the attached Rollover Pre-Approval form.
- B. Provide Supporting Documentation from the prior plan or IRA that indicates the plan is either an IRC § 401(a), 401(k), § 403(a), 403(b), § 457(governmental only) plan, or an IRA established pursuant to IRC § 408 (pre-tax money only).

Acceptable documentation may be one of the following:

- A copy of an account statement from the prior plan or carrier that includes the plan name and indicates the type of plan,
- A letter from the prior plan's administrator stating the plan type and, if the plan is qualified, it has a determination letter,
- An excerpt from the prior plan's Summary Plan Description that indicates the plan name and plan type.

FORM DIRECTION:

Submit the completed form and documentation to: Prudential Retirement, P.O. Box 5340, Scranton, PA 18505 or fax toll free to 1-866-439-8602.

Once received, it will be reviewed for approval. You will receive the approval letter indicating you can contact your prior distributing plan or carrier to request the rollover to Prudential Retirement. You will also be notified if additional documentation is needed or if the form is not complete.

CHECK DIRECTION:

NC Plans Processing Center
P.O. Box 5360
Scranton, PA 18505

Note: We will not accept rollover checks until the pre-approval process is complete. Once pre-approval is complete and you receive your acceptance letter, all checks should be payable to 'Prudential Retirement for the benefit of (member's name)' and should also include the last 4 digits of the individuals social security number. Please mail to the address above.

Should you have any questions regarding this process, please call 1-866-NCPLANS.

Rollover Pre-Approval

NC 457b DEFERRED COMPENSATION PLAN

Form Direction

Please refer to the instructions page before completing this form. Please print using blue or black ink. Keep a copy of this form for your records. Submit the completed form and documentation to: Prudential Retirement, P.O. Box 5340, Scranton, PA 18505 or fax toll free to 1-866-439-8602.

Once received, it will be reviewed for approval. You will receive the approval letter indicating you can contact your prior distributing plan or carrier to request the rollover to Prudential Retirement. You will also be notified if additional documentation is needed or if the form is not complete.

Check Direction

NC Plans Processing Center
P.O. Box 5360
Scranton, PA 18505

Note: We will not accept rollover checks until the pre-approval process is complete. Once pre-approval is complete and you receive your acceptance letter, all checks should be payable to 'Prudential Retirement for the benefit of (member's name)' and should also include the last 4 digits of the individuals social security number. Please mail to the address above.

Should you have any questions regarding this process, please call 1-866-NCPLANS.

About You

Prudential Plan number

0 | 1 | 2 | 0 | 0 | 3 |

Who is your employer?

(Please print entire employer name)

What department do you work in?

(Please print entire department name)

Social Security number

____ - ____ - _____

Daytime telephone number

____ - ____ - _____
area code

First name

MI

Last name

Address

City

State

ZIP code

Date of birth

____ / ____ / ____
month day year

Email address

Questions?
Call 1-866-627-5267
for assistance.

Distributing Plan or Carrier Information

Distributing plan or carrier name

Distributing plan or carrier address

City _____ State _____ ZIP code _____

Daytime telephone number
_____-_____-_____
area code

Plan Sponsor (previous employer) name _____

Distributing plan account number _____

Please note that if your rollover funds are not received within 30 days of receipt of this form, Prudential Retirement may contact the distributing carrier on your behalf.

Rollover Information

Rollover amounts from 401(a) or 401(k) plans that include **after-tax** dollars are **not** allowed. If your rollover amount is from a North Carolina Retirement System, select the box for 401(a). **If 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. Any Roth dollars will be invested in the same allocation as your Roth contributions (if applicable).** If you wish to change your investment elections or transfer funds (if allowed under your plan), you can do so by calling Prudential toll-free at the number on the first page or go online at www.prudential.com/online/retirement.

What type of plan are you rolling **FROM**?

- 401(a) 401(k) 403(a) 403(b) IRA* Governmental 457(b)
- SEP IRA Simple IRA - Date of first contribution _____

*A Conduit IRA or Traditional IRA with pre-tax money only.

Minimum Distribution Information

I understand that if I have attained the age of 70 ½ or older, the distributing carrier is required to process the Minimum Required Distribution before transferring the funds to Prudential. Therefore, if I meet these requirements, and have not already done so, I understand that I need to direct the prior carrier to distribute my Minimum Required Distribution prior to processing this rollover.

Disclosures

If your transaction includes **Roth contributions**, your current provider or custodian needs to provide the amount of the **Roth contributions** along with the check, otherwise the entire amount will be applied as before-tax. Not all plans accept rollovers/transfers of **Roth**. *For Roth rollover contributions, a letter from the prior plan's administrator that provides (1) the amount of Roth contributions (basis) being rolled over, and (2) your "Roth Start Date." If Prudential does not receive your Roth start date or year, we will default it to current day.

**Your
Authorization**

I, the Plan member, certify that all information on this form is accurate. I also certify that this rollover contribution was distributed from a plan intended to satisfy the requirements of I.R.C. § 401(a), 401(k), 403(a), 403(b), 457 (governmental only), or an IRA established pursuant to IRC § 408 (pre-tax money only) and, which to the best of my knowledge, does satisfy them.

I certify that this distribution can be rolled over into my account with Prudential 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 or Roth contributions, which have been previously taxed.
- 4) does not represent a Minimum Required 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).

Prudential Retirement will not accept responsibility for the actions of your distributing plan.

 X _____ *Date* _____

Member's/Account Owner's signature