



Instructions

- Complete this form in its entirety.
- Gather the appropriate documentation as requested in the 'Required Information' section of this form.
- Mail or fax this completed form and documentation as instructed below.
- Contact your previous recordkeeper or plan sponsor to initiate a disbursement from your previous account to Empower.

Form and Check Direction

You should use this form if you want to roll over eligible money to your current account with Empower. You should contact your current plan administrator to confirm acceptance. **Please complete using blue or black ink.**

Keep a copy of this form for your records and send the completed form and check to the following address. All checks, whether sent by you or your prior employer's plan, should be payable to 'Prudential for the benefit of (participant's name)' and should also include the last 4 digits of the individual's Social Security number. Please mail to the following address.

Empower
30 Scranton Office Park
Scranton PA 18507-1789

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

Note: Receipt of the completed form is required within 30 days of the receipt of check. Failure to send us the completed form may cause the check to be returned.

About You

To ensure proper and timely processing, please complete all fields below.

Empower Plan number	Who is your employer?	What department do you work in?
<u>0 1 2 0 0 3</u>	_____	_____
	(Please print entire employer name)	(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	Gender	Original date employed
____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____
month day year		month day year

Email address

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 **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.

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

Please indicate the approximate amount of 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.

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 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 page

Social Security number _____

Minimum Distribution Information

I understand that if I am required minimum distribution age or older, the distributing carrier is required to process the Minimum Required Distribution before transferring the funds to Empower. 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. 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, 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. *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 Empower 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 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 or Roth contributions, which have been previously taxed.
- 4) does not represent a Required Minimum Distribution, a hardship distribution, systematic annuity payments, 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).

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

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

Social Security number _____