

SECTION C: PAYMENT FORM ELECTION

Carefully review the information below regarding the forms of payment available. Please indicate the form of payment you wish to receive by checking the applicable box(es) and filling any applicable blanks.

Account Balance of \$5,000 or Less:

If the Participant's account balance is \$5,000 or less, you will receive a lump-sum payment immediately (i.e., as soon as administratively feasible, but not less than 30 days after receipt of this form). See Option 5, Lump-Sum Payment, below.

Account Balance over \$5,000:

Benefit Timing

You can elect to receive benefit payments immediately (i.e., as soon as administratively feasible, but not less than 30 days after receipt of this form). You can also defer receipt of benefit payments; however, the Internal Revenue Service (IRS) regulations require you to start receiving benefit payments as follows:

1. If the Participant had begun receiving required minimum distributions (generally upon attaining age 70-1/2) before death, you must receive a payment of at least a minimum amount based on your life expectancy by December 31 each year.
2. If the Participant had not begun receiving required minimum distributions before death, you must comply with one of the following rules:
 - (a) You must receive an annual payment of at least a minimum amount based on your life expectancy. Payments must generally begin by December 31 of the calendar year following the year of the Participant's death. Spouse beneficiaries may postpone payment until December 31 of the year in which the Participant would have attained age 70-1/2, if later; or
 - (b) Payment of the entire death benefit must be made no later than December 31 of the fifth calendar year that begins after the participant's death. No prior payment is required as long as the entire death benefit is paid by this date.

Form(s) of Payment

- **Spouse of Participant.** You will receive a monthly benefit payment for life as if the Participant had retired the day before s/he died and a qualified joint and 50% survivor annuity had been purchased with the Participant's account balance. Alternatively, you may choose any form of distribution described below.
- **Nonspouse Beneficiary.** If you are the beneficiary of a Participant who was not your spouse, you may choose any form of distribution described below. Please note that direct rollovers to another eligible retirement plan are only available to spouse beneficiaries. If you are a nonspouse beneficiary of the Participant, your direct rollover must be to an inherited IRA, as described in the *Special Tax Notice Regarding Plan Payments*.

I, the undersigned beneficiary of the above-named Participant, elect to receive distribution of the Participant's death benefit as follows:

- 1. **Leave the death benefit in the Plan.** I elect to leave _____% or \$_____ of the death benefit in the Plan and choose the option below to comply with IRS timing rules described above:
 - Receive annual payments based on my life expectancy and begin them by the deadline imposed by the IRS. (Payment amounts are generally determined using your date of birth and IRS life expectancy tables. In certain situations, the deceased Participant's date of birth may be used, if later.)
 - Receive payment of the entire amount by December 31 of the fifth calendar year that begins after the Participant's death. I will contact the Plan Administrator to request payment at that time. This option is available only if the Participant had not begun receiving required minimum distributions before death.
- 2. **Single Life Annuity.** I request distribution in the form of a single life annuity. Under this form of benefit, you will receive monthly payments during your lifetime. No benefits are payable after your death.
- 3. **Other Nontransferable Annuity Contract.** I request a distribution in the form of a nontransferable annuity contract purchased from a legal reserve life insurance company paying an annuity for a period certain not exceeding my life expectancy and not less than the number of months between the commencement of payments and my 60th birthday.
- 4. **Installment Payments.** I request distribution in the form of installment payments. I have reviewed the *Special Tax Notice Regarding Plan Payments* for information on payments that can and cannot be rolled over. I understand that installment payments are calculated to extend no longer than my life expectancy.

With this understanding, I elect payments in equal:

- Monthly installments of \$_____.
- Quarterly installments of \$_____.
- Annual installments of \$_____.

I elect to receive installment payments over a period of ____ years.

I would like installment payments sent via:

- Check. Check will be mailed directly to my home address listed in Section B.
- Direct Deposit. Please complete Section F.
- Direct Rollover. Each installment payment will be rolled over to your individual retirement account ("IRA") or other eligible retirement plan. Please complete Section E (*only available if installments are for a period of less than 10 years*).
- Partial Rollover. Each installment payment will be paid as follows (*only available if installments are for a period of less than 10 years*):

\$ _____ or _____% distributed as a direct rollover to the IRA or other eligible retirement plan listed in Section E.

\$ _____ or _____% paid directly to me. I would like this portion of my benefit payment to be sent directly to me via:

- Check. Check will be mailed directly to my home address listed in Section B.
- Direct Deposit. Please complete Section F.

I have read the *Special Tax Notice Regarding Plan Payments*, and I understand that 20% of the distribution paid to me will be sent to the IRS as federal income tax withholding.

I elect to have \$ _____ or _____% of the distribution paid directly to me to be withheld for state income tax purposes.

5. **Lump-Sum Payment.** I request distribution in the form of one lump-sum payment sent via:

- Check. Check will be mailed directly to my home address as listed in Section B.
- Direct Deposit. Please complete Section F.
- Direct Rollover. Your lump-sum payment will be rolled over to your IRA or other eligible retirement plan. Please complete Section E.
- Partial Rollover. I elect to rollover part of my lump-sum payment as follows:

\$ _____ or _____% distributed as a direct rollover to the IRA or other eligible retirement plan listed in Section E.

\$ _____ or _____% paid directly to me. I would like this portion of my benefit payment to be sent directly to me via:

- Check. Check will be mailed directly to my home address listed in Section B.
- Direct Deposit. Please complete Section F.

I have read the *Special Tax Notice Regarding Plan Payments*, and I understand that 20% of my payment will be sent to the IRS as federal income tax withholding.

I elect to have \$ _____ or _____% withheld for state income tax purposes.

6. **Installment Payments after \$5,000 Lump-Sum Payment.** I request distribution in the form of an immediate \$5,000 lump-sum payment, with the balance of my benefit payable in equal installments (not less than \$200) for a period not less than the number of months between the commencement of payments and my 60th birthday, as follows:

- Monthly installments of \$ _____.
- Quarterly installments of \$ _____.
- Annual installments of \$ _____.

I elect to receive installment payments over a period of _____ years.

I would like my lump-sum payment sent via:

- Check. Check will be mailed directly to my home address as listed in Section B.
- Direct Deposit. Please complete Section F.
- Direct Rollover. Your lump-sum payment will be rolled over to your IRA or other eligible retirement plan. Please complete Section E.
- Partial Rollover. Each installment payment will be paid as follows:

\$ _____ or _____% distributed as a direct rollover to the IRA or retirement plan listed in Section E.

\$ _____ or _____% paid directly to me. I would like this portion of my benefit payment to be sent directly to me via:

- Check. Check will be mailed directly to my home address listed in Section B.
- Direct Deposit. Please complete Section F.

I would like my installment payments sent via:

- Check. Check will be mailed directly to my home address as listed in Section B.
- Direct Deposit. Please complete Section F.
- Direct Rollover. Your lump-sum payment will be rolled over to your individual retirement account ("IRA") or other employer's retirement plan. Complete Section E. (Only available if installments are for a period of less than 10 years.)
- Partial Rollover. Each installment payment will be paid as follows (*only available if installments are for a period of less than 10 years*):

\$ _____ or _____% distributed as a direct rollover to the IRA or retirement plan listed in Section E below.

\$ _____ or _____% paid directly to me. I would like this portion of my benefit payment to be sent directly to me via:

- Check. Check will be mailed directly to my home address listed in Section B.
- Direct Deposit. Please complete Section F.

I have read the *Special Tax Notice Regarding Plan Payments*, and I understand that 20% of the distribution paid to me will be sent to the IRS as federal income tax withholding.

I elect to have \$ _____ or _____% of the distribution paid directly to me to be withheld for state income tax purposes.

SECTION D: BENEFICIARY DESIGNATION

If you decide to leave the death benefit in the Plan or elect payments in the form of a nontransferable annuity contract (other than a single life annuity), please contact the Plan Administrator for a beneficiary designation form.

SECTION E: DIRECT ROLLOVER INFORMATION

Please print or type the information requested if you elect to receive a direct rollover of all or part of the distribution. Please note that direct rollovers to another eligible retirement plan are only available to spouse beneficiaries. If you are a nonspouse beneficiary of the Participant, your direct rollover must be to an inherited IRA, as described in the Special Tax Notice Regarding Plan Payments.

IRA

Name of Trustee/Custodian: _____

Name of IRA: _____

Account Number (if known): _____

Address of Trustee/Custodian:

(Street Address)

(City) (State) (Zip Code)

Qualified Retirement Plan (*spouse beneficiaries only*)

Name of Trustee/Custodian: _____

Name of Retirement Plan: _____

Account Number (if known): _____

Address of Trustee/Custodian:

(Street Address)

(City) (State) (Zip Code)

SECTION F: DIRECT DEPOSIT INFORMATION

Complete only if you elect to receive your distribution through direct deposit.

Financial Institution Name: _____

Routing Transit Number: _____

Checking/Savings Account Number: _____

(Street Address)

(City)

(State)

(Zip Code)

I have attached a deposit slip for the receiving savings account OR a voided check for the receiving checking account.

SECTION G: FEDERAL TAX WITHHOLDING

I have read the attached *Special Tax Notice Regarding Plan Payments*. I understand that a taxable payment made to me that is eligible for rollover is subject to mandatory 20% federal income tax withholding. I may elect to have additional federal income tax withheld. I also understand that any payment made to me that is not eligible for rollover is subject to federal income tax withholding. However, with respect to any "non-eligible rollover distribution," I may elect not to have any federal income tax withheld from the payment or I may elect to designate an amount of federal tax to be withheld.

I understand that the amount that will automatically be withheld may be more or less than the amount of federal tax that I actually owe. If you want to change the amount of federal tax that will automatically be withheld, I understand that I must complete IRS Form W-4P (Withholding Certificate for Pension or Annuity Payments and return it to the Plan Administrator).

SECTION H: PAYEE AUTHORIZATION

Please sign and date to authorize payment of the benefit in the form you elected above.

I hereby authorize payment of my benefit under the Plan as elected above.

Under penalties of perjury, I certify that the above information is correct and that my social security number shown on this form is my correct taxpayer identification number. I certify that any eligible retirement plan specified above meets all applicable requirements and will accept the direct rollover indicated. I affirmatively waive any unexpired portion of the minimum 30-day notice period prior to distribution.

I acknowledge receipt of the *Special Tax Notice Regarding Plan Payments*. I understand that the taxation of a distribution is complex and that I should contact a tax advisor if I have any questions.

(Signature of Beneficiary)

(Date)

SECTION I: PLAN SPONSOR AUTHORIZATION - to be completed by the Plan Office

As an authorized representative of the Plan Sponsor, I direct Prudential to act in accordance with the instructions on this form. I certify that: (i) I have provided the *Special Tax Notice Regarding Plan Payments* to the above beneficiary as required by law; (ii) the distribution complies with applicable provisions of ERISA, other federal and state laws, and the terms of the Plan; (iii) all Plan requirements pertaining to direct rollovers have been met if applicable; and (iv) the information given above is accurate and complete.

Authorized Signature

(Date)

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