Prudential

Request for Direct Deposit

Instructions

Please print using blue or black ink. Send completed form to the following address or fax it to **1-866-439-8602.**
If faxing, please keep original for your records.

Prudential
PO Box 5410
Scranton, PA 18505-5410

Questions?
Call 1-877-778-2100
for assistance.

About You

Plan number
7 6 6 8 7 0

Social Security number
___ - __ - ____

First name ____ MI ____ Last name ____

Address ____

City ____ State ____ ZIP code ____ - ____

Daytime telephone number
___ ___ - ____
area code

Electronic Funds Transfer (EFT)

(Complete this section only if you choose to have your payment(s) sent by EFT.)

If you would like your disbursement sent to you via EFT, please provide the information below.

Type of Account (please choose one):

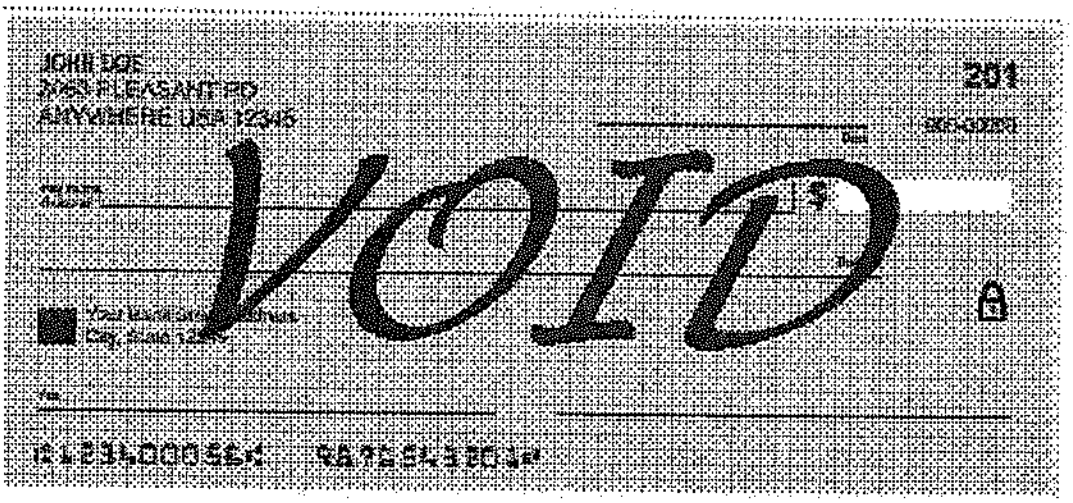
☐ Checking **(Must attach a voided check below, or include a letter from your financial institution, with participant's name, checking account number, and ABA routing number)**

☐ Savings **(Must include a letter from your financial institution with participant's name, savings account number, and ABA routing number)**

IMPORTANT: Your EFT payment may result in a check payable to you if:

- Your voided check or financial institution letter is not included
- All of the necessary information is not provided
- If this section does not apply to your disbursement request

Please Tape Voided Check Here:



I have carefully read this form and I hereby authorize Prudential to make this Plan payment(s) to the financial institution listed above in the form of Electronic Fund Transfer (EFT). I understand Prudential is not responsible for any losses associated with incorrect information provided (e.g. wrong banking instructions). The credit will typically be applied to your account within 2 business days of being processed.

In the event that an overpayment is credited to the financial institution account listed above, I hereby authorize and direct the financial institution designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.

Your Authorization

As a participant under the plan, I hereby authorize Prudential Retirement to make all of my installment retirement plan payments to the bank account I listed above in the form of direct deposit via electronic fund transfer (EFT).

Please note that an electronic fund transfer (EFT) is only available for installment payments. If this form is included with an election other than the installment option, a check will be issued by Prudential Retirement and will be mailed, not electronically transferred, to the financial institution you referenced in the Direct Deposit Information section.

In the event that an overpayment is credited to my bank account during or after my lifetime, I hereby authorize and direct the bank designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.

If I am unable to complete this form, a duly appointed representative (guardian or attorney-in-fact) may arrange for my retirement plan checks to be deposited directly into my bank account by completing and signing the form as an authorized representative. The authorized representative must provide Prudential with a copy of the document granting the specific authority to act in this capacity.

Signature X _____ *Date* ____ | ____ | ____