

Coronavirus-related Distribution Recontribution for Roth or After-Tax Contributions

	407 PLNS					
	Please print using blue or black ink. Send completed form along with your check to the following address:					
Instructions	Prudential		[Questions?		
	PO Box 5410		(Call 1-877-778-2100		
	Scranton PA 18505-5410			for assistance		
	Plan number	Sub plan number (if appli	cable)			
About You	9 8 0 0 3 0					
	Social Security number		Daytime telephone number	er		

First name	MI	Last name	
Address			
City		State	ZIP code
Date of birth	Gender		Original date employed
$\begin{bmatrix} 0 & 2 \end{bmatrix} - \begin{bmatrix} 2 & 5 \end{bmatrix} - \begin{bmatrix} 1 & 9 & 9 & 3 \end{bmatrix}$	M	F	month day year

Recontribution

In general, coronavirus-related distributions (CRD) may be recontributed to eligible retirement plans. However, only those distributions that would normally be eligible to be rolled-over may be recontributed. As a result, the following types of coronavirus-related distributions may not be recontributed to the plan(s):

- Periodic payments for a period of at least 10 years or over the employee's life or life expectancy (or the lives or joint life expectancies of the employee and his designated beneficiary); and
- Death benefit payments made to a non-spouse beneficiary.

One important exception to this general rule is that hardship withdrawals that meet the coronavirus-related distribution requirements may be recontributed, even though hardship withdrawals are not normally eligible to be rolled-over.

Recontributions must be made within the 3-year period beginning on the day after the date the distribution is made. For example, if a plan makes a coronavirus-related distribution on April 17, 2020, the recontribution deadline would be April 18, 2023. A different recontribution deadline applies to each coronavirus-related distribution made to an individual. Recontributions do not have to be made to the plan that made the original distribution, and partial recontributions are permitted.

Recontributions are to be treated as direct rollover contributions. Please consult with your tax advisor for information on the taxation of a Coronavirus Relief Recontribution. Prudential will issue a letter to the participant in January of each year as confirmation of the Coronavirus Relief Recontribution for the year.

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Amount	OI	reconur	Duu	ion.	Φ	j

Please complete the information below to identify the contribution source(s) of your recontribution.

Recontribution

(Continued)

Contribution Source	Amount of Recontibution			
Rollover Contributions – Pre-tax and/or Employer Contributions	Amount	\$		
Rollover Contributions – Roth Contributions (if permitted under the Plan)	Principal amount of the Roth contributions Earnings on the principal amount of the Roth contributions Please identify the year that you made your initial Roth Contributions to the plan that originally made the distribution to you.	\$ \$		
Rollover Contributions – After-tax Contributions (if permitted under the Plan)	Principal amount of the after-tax contributions \$ Earnings on the principal amount of the after-tax contributions	\$		

Your Contribution will be deposited in a pre-tax rollover contribution source if you fail to complete this section.

The portion of your rollover contribution that can be allocated to after-tax and/or Roth sources are limited to the amount of your coronavirus-related distribution taken from these sources.

Note: If your coronavirus-related distribution was taken from a financial institution other than Prudential, please provide a statement evidencing the amount of the coronavirus-related distribution that was taken from Roth/after-tax sources including a breakdown of contributions and earnings from the other institution.

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Your Authorization	I certify that I was eligible to receive and did receive one or more coronavirus-related distributions from an eligible retirement plan within the prior 3-year period (beginning on the day after the date of each distribution) and that the amount I request to pay to the plan does not exceed the amount of such distribution(s). I understand that my recontribution may be refunded to me in the future, with any earnings thereon, if it is not permitted by the Plan or it is later determined that part or all of it was ineligible to be recontributed to the Plan.							
	X Participant's signature		Date					

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Account	First name MI Last name							
Owner Information	Social Security number Plan Number 9 8 0 0 3 0							
	ACH Repayment Frequency (Check only one box.)							
Repayment Frequency Allow up to 30 days for ACH processing.	One Time Payment Weekly Bi-weekly Monthly Semi Monthly Quarterly Semi Annually Please indicate the amount to be deducted for each repayment until the total repayment specified on page one of this form has been met: \$							
Bank Account Information	CHECKING or SAVINGS ACCOUNT (Check only one box.) Checking Account Savings Account Please print your bank name, bank address, account number and routing number.							
	Bank Name							
	Bank Account Number Bank Routing Number (Important: The Transit Routing/ABA number is the first 9 digits in the lower left hand corner of your check. If you are unsure of how to read your MICR encoding, please contact your bank.)							
	Important							
	For CHECKING ACCOUNT only please write "VOID" across a check from the bank account indicated and attach the voided check to the completed authorization from. Return the check to us intact. Please do not tear off the MICE encoding from the check. Information contained on the check will be used to properly complete the enrollmen process. Photocopies are acceptable. For SAVINGS only, please submit deposit slip.							
	I authorize Prudential Retirement to initiate debit entries, electronically or by any other commercially							
Your Authorization	accepted method and to initiate, if necessary, credit entries and adjustments for debit entries in error to my Checking, or Savings account and the bank named (hereinafter called Depository) to debit and/or credit the same to such account. Please allow up to 30 days for processing.							
	This authorization shall remain in full force and effect until Prudential Retirement has received written notification of cancellation. When Prudential Retirement has received written notification from me of the cancellation, in such time and in such manner, as to afford the Prudential Retirement and the Depository a reasonable opportunity to act on it.							
	X Participant's signature Date							

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