

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

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	Please identify the year that you made your initial Roth Contributions to the plan that originally made the distribution to you.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.

**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 retribution 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 _____ Date

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Participant's signature



Coronavirus-related Distribution Recontribution ACH Authorization

Account Owner Information

First name MI Last name 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: \$

CHECKING or SAVINGS ACCOUNT (Check only one box.)

Bank Account Information

- 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 form. Return the check to us intact. Please do not tear off the MICR encoding from the check. Information contained on the check will be used to properly complete the enrollment process. Photocopies are acceptable. For SAVINGS only, please submit deposit slip.

Your Authorization

I authorize Prudential Retirement to initiate debit entries, electronically or by any other commercially 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