



**Election For Withholding of State Income Taxes**

**A. Mandatory State Withholding:** If you reside in a state where state income tax withholding is mandatory AR, CA\*, DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), ME, NC, NE, OK\*, OR\*, VA or VT\* applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution.

My resident state is AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only) and I do not want state income tax withholding deducted from my distribution. (An election out of AR, DE, KS, ME, NC, or VA state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) **Important note to Maine (ME) residents, If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.**

\*My resident state is one of the following: CA, OK, OR, \*\*VT and withholding is required if federal income tax is withheld, unless I elect out of state withholding. By checking this box I am electing out of state withholding. \*\*An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.

**B. Voluntary State Withholding:** Please check the appropriate box below. If state income tax withholding is mandatory in your state, you may be allowed to request state tax withholding. If your state of residence is not listed, or if you choose method of withholding that is not offered for your state, we cannot withhold state income tax.

I reside in one of the following voluntary withholding states: AL, CO, CT, DC, GA, ID, IL, IN, KY, IA, MD (non-eligible rollover distributions only), MI, MN, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, WI, WV (NE and VA state withholding is voluntary for payments from IRA's only) and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)

\_\_\_\_\_ % or \$ \_\_\_\_\_

I reside in one of the voluntary withholding states listed above and I do not want state income tax withholding deducted from my distribution.

**C. No State Withholding:** Some states do not have state income tax withholding.

My resident state is one of the following: AK, FL, HI, NV, NH, SD, TN, TX, WA, WY and there is no state income tax withholding.

My resident state is AZ and there is no state income tax withholding on non-periodic (single sum) payments.

**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 Electronic Funds Transfer (EFT), please check the following box and complete the information below. If all of the necessary information is not provided or if this section does not apply to your disbursement request, a check will be made payable to you.

I would like my payment(s) sent by EFT.

Financial Institution name

\_\_\_\_\_

Account Number

\_\_\_\_\_

*Please verify the entire account number with your financial institution to ensure acceptance of payments.*

Type of account:  Checking  Savings

Financial Institution Routing/Transit/ABA Number

\_\_\_\_\_

*Attach a voided check or obtain this number from your financial institution.*

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 the incorrect information provided (e.g. wrong banking instruction).

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**

I certify that the information I have provided is true and correct and will be relied upon in processing my request and the tax implications regarding this disbursement. I understand that any failure in this regard, inaccurate assertion or misrepresentation may jeopardize the ability of my employer to offer the plan and may subject me to disciplinary action, including severance from employment. I will be responsible for its accuracy in the event any dispute arises with respect to the transaction. I certify all other distributions (other than hardship distributions) and non-taxable loans under this and all other employee benefit plans maintained by my employer have been obtained or sought and will not cause further hardship.

If there are investment options available through your retirement account that are subject to the fund's market timing policies, you may be subject to restrictions or incur fees if you engage in excessive trading activity in those investments. You may wish to review the fund prospectus or your retirement account's market timing policy prior to submitting this transaction request. If a fee applies to the transaction, you will be able to view the details after the transaction is processed by logging on to the retirement internet site at [www.prudential.com/online/retirement](http://www.prudential.com/online/retirement).

**X** \_\_\_\_\_ *Date* \_\_\_\_|\_\_\_\_|\_\_\_\_  
*Participant's signature*

**REQUEST FOR UNFORESEEABLE EMERGENCY  
WITHDRAWAL APPLICATION INSTRUCTIONS**

THE ADMINISTRATION OF THE PLAN MAY BE AUDITED FROM TIME TO TIME BY THE INTERNAL REVENUE SERVICE FOR DETERMINATION OF FULL ADHERENCE TO THE REQUIREMENTS OF THE INTERNAL REVENUE CODE AND RELATED REGULATIONS. IF THE PLAN IS NOT ADMINISTERED IN COMPLIANCE WITH TAX LAWS, THE TAX BENEFITS OF THE PLAN CAN BE DENIED TO ALL PARTICIPANTS IN THE PLAN. FOR THIS REASON, INTERNAL REVENUE CODE AND IRS REGULATIONS MUST BE STRICTLY ENFORCED.

This application is made to satisfy an immediate and heavy financial need arising from one or more of the circumstances checked below which represent a legal obligation of the applicant, and which cannot be met by other reasonable available resources.

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Payroll Agency \_\_\_\_\_

Address \_\_\_\_\_

Business Telephone No. \_\_\_\_\_ Home Telephone No. \_\_\_\_\_

I. R. S. regulations state that an unforeseeable emergency is a severe financial hardship to a participant resulting from:

\_\_\_\_\_ A sudden and unexpected illness, accident, or disability of the participant, beneficiary, his or her spouse, or of a dependent of the participant, or beneficiary.

\_\_\_\_\_ Loss of the participant's or beneficiary's property due to casualty including imminent foreclosure of or eviction from the participant's or beneficiary's primary residence or the need to rebuild a home following damage to a home not otherwise covered by homeowner's insurance, e.g. as a result of a natural disaster.

\_\_\_\_\_ Other similar extraordinary and unforeseeable circumstances as a result of events beyond the control of the participant or beneficiary.

\_\_\_\_\_ The need to pay for medical expenses (including non-refundable deductibles and the cost of prescription drug medication) for self, spouse, or dependent. (Provide copies of all medical bills and insurance coverage's.)

\_\_\_\_\_ Total disability, resulting in the inability to meet current financial obligations. (Provide Physician's Statement.)

\_\_\_\_\_ Inability to pay funeral expenses of spouse or dependent. (Provide a copy of unpaid funeral bill.)

The circumstances that constitute an unforeseeable emergency will depend on the facts of each case. A distribution may not be made to the extent that such hardship may be relieved by funds gained through:

- 1.) Reimbursement or compensation by insurance or other sources.
- 2.) Liquidation of the participant's assets, to the extent such liquidation would not itself cause severe financial hardship.
- 3.) Discontinuing deferrals.

Generally not considered a "severe financial hardship" are not personal expenses normally budgetable such as:

- 1.) Purchase of a home.**
- 2.) Purchase or receipt of an automobile.**
- 3.) College or other educational expense.**
- 4.) Normal monthly bills (ie. rent, mortgage, credit card bills)**
- 5.) Payment of loans.**
- 6.) Elective Surgery.**
- 7.) Taxes.**

If you feel that you qualify for a withdrawal of funds, please complete the information requested on the attached sheets. Information must be complete or this form will be returned for additional information, thereby creating a delay in consideration.

For your request to be considered for approval, supporting documents must be submitted with this application. The following are examples of supporting documents that might be submitted.

- 1.) Medical bills and insurance statement showing amounts paid and due.
- 2.) Applicable death certificate.
- 3.) Doctor's statement verifying disability.
- 4.) Police or fire accident report.
- 5.) Written statement verifying property loss not covered by insurance.
- 6.) Notarized statements.
- 7.) Other documentation as may be needed.

Therefore, in support of this application and the representation made herein. I submit the attached documentation (e.g. copy of actual medical, funeral bill or other circumstantial information) as proof of the purpose and amount requested, and hereby certify the financial need that occasioned the application cannot be relieved.

I understand that this application can be approved only if the immediate and heavy financial need which required this application cannot be relieved by other financial resources that are reasonable to me. (Further, I understand that the amount distributed cannot exceed the amount required to relieve the financial need and that I may receive a smaller amount than requested).

**UNFORESEEABLE EMERGENCY STATEMENT  
MUST BE COMPLETED AND ALL SUPPORTING DOCUMENTS  
VERIFYING BOTH INCOME AND EXPENSES MUST BE ATTACHED.)**

**ASSETS**

**CURRENT VALUE**

CASH (CHECKING & SAVINGS) \_\_\_\_\_  
 STOCKS AND BONDS \_\_\_\_\_  
 LIFE INSURANCE CASH VALUE \_\_\_\_\_  
 IRA \_\_\_\_\_  
 TOTAL ASSETS \$ \_\_\_\_\_

**CURRENT MONTHLY INCOME**

**CURRENT EXPENSE (MONTHLY)**

Source	Home Mortgage Payment or Rent	\$ _____
Your Gross Salary	Utilities (Electric, Heat, Water, Tele, etc)	_____
per month \$ _____	Food	_____
Spouse's Gross Salary	Clothing	_____
per month \$ _____	Medical Expenses	_____
Other Income \$ _____	Car Payments	_____
Total Current	Other Transportation Expenses	_____
Income \$ _____	Charge Account Payments	_____
Taxes Withheld \$ _____	College Expenses	_____
Other Deductions _____	Insurance Premiums	_____
Total Deductions _____	(Life, Health, Home, Car, etc.)	_____
	Other (List)	_____
		_____
		_____
<b>Total Net Income \$ _____</b>	<b>TOTAL CURRENT EXPENSES</b>	<b>\$ _____</b>

**\* NOTE:** If you feel that there are any other mitigating circumstances and wish to provide comments concerning your income, expenses or assets, please list them on the back of this form.

Please list the expenses directly related to this emergency which you are obligated to pay and attach a current copy of each bill.

<b><u>UNFORESEEABLE EXPENSES</u></b>	<b><u>AMOUNT</u></b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	\$ _____

Please respond to the following:

1. Would you discontinue the deferrals to relieve the severe financial hardship \_\_\_\_\_ YES \_\_\_\_\_ NO
2. If the first question was answered "NO", indicate the amount to be withdrawn to meet the financial hardship. \$ \_\_\_\_\_
3. Do you wish to continue having a deduction to your 457 plan \_\_\_\_\_ YES \_\_\_\_\_ NO

If you have checked "NO", please contact Prudential to request a form to cease the deductions; the change will become effective with the first available pay period, subject to the payroll center's processing schedules. (Approx. 20 business days)

Note: If you elect to discontinue your deferrals at this time, a Change Form must be completed in order to re-enroll in the Plan subject to the restrictions of the Plan Document.

4. Please state in your own words what unforeseeable event has occurred since you enrolled in the Plan which has caused you to have an extreme hardship.

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5. Have you attempted to gain the needed funds from any of the applicable sources below:

- |    |                |       |     |       |    |
|----|----------------|-------|-----|-------|----|
| a. | Credit         | _____ | YES | _____ | NO |
| b. | Bank           | _____ | YES | _____ | NO |
| c. | Savings & Loan | _____ | YES | _____ | NO |
| d. | I.R.A.         | _____ | YES | _____ | NO |
| e. | Sale of Assets | _____ | YES | _____ | NO |
| f. | Stop deferral  | _____ | YES | _____ | NO |
| g. | Other          | _____ | YES | _____ | NO |

If you have responded "NO" to any of the above options, or if you considered any of these sources and were either turned down or unable to sell certain assets, please explain WHY this occurred.

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Office use:

Date Received by Pru: \_\_\_\_\_ Deferral Amount \_\_\_\_\_ Account Balance \_\_\_\_\_

Date Sent to Employer: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Approved \_\_\_\_\_