



Instructions

Please print using blue or black ink. Send completed form along with your check to the following address:

Prudential
PO Box 5410
Scranton, PA 18505-5410

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

About You

Plan number: 006009, Sub plan number: 000001, Social Security number, Daytime telephone number, First name, MI, Last name, Address, City, State, ZIP code, Date of birth, Gender (M/F), Original date employed.

Recontribution

In general, coronavirus-related distributions (CARES Act) may be recontributed to eligible retirement plans. However, only those distributions that would normally be eligible to be rolled-over may be recontributed.

- Periodic payments for a period of at least 10 years or over the employee's life or life expectancy; 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.

Recontributions are to be treated as direct rollover contributions. As a result, Prudential will deposit these in a pre-tax rollover contribution source in the participant's plan account.

Note: Further guidance is needed addressing whether after-tax or Roth contributions may be recontributed to a plan. This form will be updated when additional guidance is available.

Amount of recontribution: \$ _____ which will be invested in the rollover source.

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).

X
Participant's signature, Date (month/day/year)