

403(b) Exchange/Transfer/Rollover Acceptance
Michigan Catholic Conference 403 (b) Plan

Form Instructions

You should use this form to request a:

- direct rollover of an eligible amount from your employer's IRC § 401(a) qualified plan, § 403(a) plan, §403(b) plan §457(b) (governmental only) plan, or an IRA established pursuant to IRC § 408 to your current 403(b) plan with Prudential. Note: Not all plans accept rollovers from the types listed above.
- plan to plan transfer of assets from a 403(b) plan with a different employer to your 403(b) plan with Prudential
- contract exchange to Prudential from another investment provider within your 403(b) plan.

Please print using blue or black ink. Keep a copy of this form for your records.

Form Direction

Prudential
30 Scranton Office Park
Scranton PA 18505-1789

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

Note: Receipt of the completed form is required within 30 days of the receipt of check. Failure to send us the completed form may cause the check to be returned.

Check Direction

All checks, whether sent by you or your employer's plan, should be payable to 'Prudential for the benefit of (participant's name)' and mailed to the following address:

Prudential
Remittance Processing Center
P.O. Box 1206
Wilkes-Barre PA 18703-1206

About You

Prudential Plan number	Sub Plan number		
<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="7"/>	<input type="text"/>		
Social Security number		Original date employed	
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
First name	MI	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			
City	State	ZIP code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
Date of birth	Daytime telephone number		
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>		
<small>month</small>	<small>day</small>	<small>year</small>	<small>area code</small>



**Distributing
Provider
and Plan
Information**

Distributing provider name _____
Distributing provider address _____
City _____ State _____ ZIP code _____
Daytime telephone number _____ Plan Sponsor (previous employer) name _____
area code _____
Distributing plan account number _____

**Rollover/
Transfer/
Exchange
Information**

If your amount includes **after-tax dollars and/or Roth contributions**, your current provider or custodian needs to provide the amount of the **after-tax dollars and/or Roth contributions** along with the check, otherwise the entire amount will be applied as before-tax. Not all plans accept rollovers/transfers of **after-tax and/or Roth**. For Roth rollovers/transfers, a letter from the prior plan's administrator that provides (1) the amount of Roth contributions (basis) being rolled over, and (2) your "Roth Start Date." If you are currently enrolled in the Plan, your rollover assets will be invested according to your current allocation election. Otherwise, contributions will be placed in the default investment option selected by your Plan. You must contact Prudential if you would like to transfer existing funds from the default investment option.

What type of plan are you rolling/transferring **FROM**? 401(k) 401(a) 403(a)
 403(b) IRA Governmental 457 (b)
 Simplified Employee Pension (SEP) Plan

Total Account Value **OR** \$ _____, _____ . **00**

Rollover

- I have established a 403(b) plan with Prudential and hereby request you to directly roll over my assets from my eligible retirement plan into my account with Prudential.

In order for us to accept the check and complete the rollover, please be sure to submit proof to ensure the assets are acceptable and the plan satisfies the Code Sections indicated. Acceptable documentation includes, but is not limited to one of the following:

- A copy of a statement from the prior plan or provider that includes the plan name and indicates the type of plan,
- A letter from the prior plan's provider or custodian stating the plan type and, if the plan is qualified, that it has a determination letter.
- An excerpt from the prior plan's Summary Plan Description that indicates the plan name and plan type.

I certify that this distribution can be rolled over into my account with Prudential because it:

- 1) is not one of a series of substantially equal periodic payments (not less frequently than annually) distributed over my life or life expectancy (or the joint lives [or joint life expectancies] of me and my beneficiary) or over a period equal to or greater than 10 years,
- 2) was received by me not more than 60 days before the date of the rollover to the Plan (applicable only for indirect rollovers),
- 3) would be includible in gross income if not rolled over in its entirety,
- 4) does not represent a Minimum Required Distribution, a hardship distribution, or a corrective distribution (for example: corrections of elective deferrals or elective contributions, etc.), and
- 5) was distributed to me as an employee (not as a beneficiary) or as a surviving spouse.

Plan to Plan Transfer

- I have established a 403(b) plan with Prudential and hereby request you to transfer all or a portion of my former employer's 403(b) plan account to Prudential.

In order for us to accept the check and complete the request, please be sure to submit proof to show the assets are from a 403(b) plan. Acceptable documentation includes, but is not limited to the following:

- A copy of a statement from the prior plan provider that includes the plan name and indicates that it is a 403(b) plan,
- A letter from the prior plan provider stating it is a 403(b) account.

Contract Exchange Information

- I have established a 403(b) plan with Prudential and hereby request that you exchange all or a portion of my 403(b) assets with another investment provider to my account at Prudential. Both accounts are part of my same employer plan.

If your current provider is not sharing information with Prudential, please have them include the following with the check:

- Account value, if any, as of December 31, 1986
- Any amounts subject to 403(b)(7) restrictions
- Account value, if any, as of December 31, 1988 not subject to in-service distribution restrictions
- Contributions received after December 31, 1988 (for hardship withdrawal purposes)
- If there are contributions other than before-tax employee elective deferrals, a breakdown of the types of contributions and their values must be included (e.g. after-tax, Roth, employer contributions). If we do not receive a breakdown of the assets, all amounts will be assumed to be before-tax dollars and will be applied as such.

Minimum Distribution Information

I understand that if I am age 70 ½ or older, the distributing provider is required to process the Minimum Required Distribution before these funds are rolled over Prudential. I further understand that I need to direct the prior provider to distribute my Minimum Required Distribution prior to processing this rollover. Note: This is not applicable when requesting a contract exchange or a plan to plan transfer.

**Prudential
Authorization**

To be completed by the plan's Client Consultant upon receipt of completed form. This is to confirm that the above named participant or beneficiary has established a Plan account with us, and we will accept the rollover from your plan on behalf of this individual. If the participant is requesting a Contract Exchange, we certify that Prudential has agreed to share information with the employer.

X _____ Date ____|____|____
Prudential Representative's signature

**Your
Authorization**

I, the Plan participant, certify that all information on this form is accurate. I also certify that this transaction was distributed from a plan intended to satisfy the requirements of I.R.C. § 401(a), 403(a), 403(b), 457 (governmental only), or an IRA established pursuant to IRC § 408 and, which to the best of my knowledge, does satisfy them.

Please note that if you live in one of these states (Alabama, Alaska, Arizona, Colorado, Florida, Hawaii, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Rhode Island, Texas, Utah, Vermont, Virginia, Washington, or West Virginia), the following question must be answered. Failure to answer this question will result in processing delays of your transaction.

Was this transaction directly solicited by a selling agent? NO YES (If "Yes" is checked, please ensure that the Agent Authorization section below is completed by the selling agent. Failure to do so will result in processing delays of your payment. Please note direct solicitation took place if the selling agent "initiated" contact with you via phone call, in person, or a direct mailing. A group educational or group enrollment meeting would not constitute direct solicitation unless an agent initiated individual contact with you or you initiated individual contact with an agent to discuss investment options offered by more than one provider.)

DID YOU REMEMBER TO INCLUDE DOCUMENTATION AS REQUESTED?

X _____ Date ____|____|____
Participant's/Account Owner's signature

**Agent
Authorization**

To be completed by the selling agent *ONLY* if the participant resides in one of the states listed in the 'Your Authorization' section of this form and the participant indicated that the transaction was the result of a direct agent solicitation.

Was this transfer/rollover obtained by means of direct solicitation? NO YES

Are there two or more insurers that plan participants may choose from? NO YES

Is the policy funded solely by employee contributions? NO YES

Is one annuity product being replaced by another annuity product? NO YES

If "NO" to any one of the four preceding questions no further action is required. Please authorize and date below. If "YES" to all four questions please proceed to the steps below.

By authorizing below, the selling agent is attesting to the following producer responsibilities:

1. I have required the applicant to complete a statement signed by the applicant and the producing agent stating whether or not the applicant has existing policies that are being replaced. A copy of this statement must accompany this application. If "No", then no further action is required. If "Yes", please proceed to next steps.
2. If applicant has existing policies that are being replaced, I have read a Replacement Notice aloud to the applicant (applicant can waive this requirement on the Replacement Notice that is required in item 3).
3. A Replacement Notice has been completed listing all existing policies proposed to be replaced, as well as policy numbers (if available), whether each policy will be replaced or whether a policy will be used as a source of financing for the new policy.
4. A copy of the signed Replacement Notice and all original sales material have been left with the applicant.
5. Copies of the signed statement indicated in item 1 as well as copies of the Replacement Notice and any sales materials provided to the applicant (if "Yes" is indicated in step 1) MUST accompany this application.

Was company-approved sales material used? NO YES (If "YES", copies of the sales materials do not need to accompany this application.)

Please note: Failure to complete ALL required information and provide copies of required information will delay the processing of the applicant's funds. Please authorize and date below.

X _____ Date _____
Selling Agent's signature