



# 457 Governmental DCP Plan Request for Rollover to Prudential

## Form Instructions

You should use this form if you want to roll over an eligible amount from your employer's IRC § 401(a) qualified plan, 403(a), 403(b) account, § 457(b) (governmental only) plan, or an IRA established pursuant to IRC § 408 to your current 457(b) governmental account with Prudential. You should contact your current plan administrator to confirm acceptance. **Please print using blue or black ink.** Keep a copy of this form for your records and bring the original to Alameda County Treasurer's Office, Attn: DC Administration, 1221 Oak Street, 1st Floor, Room 131, Oakland, CA 94612 or interoffice mail QIC 20114 or fax to (510) 272-6826. This form must be signed by the current plan administrator or an authorized plan representative.

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## 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 should also include the last 4 digits of the individuals social security number. Please mail to the following address:

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

**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.

## About You#

Prudential Plan number	Sub plan number	
<u>0 0 6 8 0 9</u>	<u>0 0 1 8 8 1</u>	
Social Security number	Daytime telephone number	
<u>    </u> - <u>    </u> - <u>    </u>	<u>    </u> - <u>    </u> - <u>    </u>	
	<i>area code</i>	
First name	MI Last name	
<u>    </u>	<u>    </u>	
Address		
<u>    </u>		
City	State ZIP code	
<u>    </u>	<u>    </u>	
Date of birth	Gender	Original date employed
<u>    </u> / <u>    </u> / <u>    </u>	<input type="checkbox"/> M <input type="checkbox"/> F	<u>    </u> / <u>    </u> / <u>    </u>
<i>month</i>	<i>day</i>	<i>year</i>

## Distributing Plan or Carrier Information

Distributing plan or carrier name     

Distributing plan or carrier address     

City      State      ZIP code     

Daytime telephone number      -      -     

*area code*

Plan Sponsor (previous employer) name     

Distributing plan account number     

## Rollover Information

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 FROM?  401(k)  401(a)  403(a)  403(b)  IRA

Governmental 457(b)  Simplified Employee Pension (SEP) Plan

Roth 457(b)

Rollover Amount:  Total Account Value **OR** \$      ,      .00

**Minimum Distribution Information**

I understand that if I am required minimum distribution age or older, the distributing carrier is required to process the Minimum Required Distribution before transferring the funds to Prudential. Therefore, if I meet these requirements, and have not already done so, I understand that I need to direct the prior carrier to distribute my Minimum Required Distribution prior to processing this rollover.

**Your Authorization**

I, the Plan participant, certify that all information on this form is accurate. I also certify that this transfer/rollover contribution 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.

**REQUIRED INFORMATION:**

In order for us to accept the check and process the rollover, please be sure to submit proof to ensure the assets are acceptable and the plan satisfies the Code Sections indicated.

I am providing documentation from the prior plan or IRA that indicates the plan is either an IRC § 401(a), § 403(b), § 457(governmental only) plan, or an IRA established pursuant to IRC § 408. Acceptable documentation includes, but is not limited to one of the following:

- A copy of a statement from the prior plan or carrier that includes the plan name and indicates the type of plan,
- A letter from the prior plan's administrator stating the plan type and, if the plan is qualified, 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,
- 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.

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

Was this transfer/rollover 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 signatures*

**Your  
Plan  
Authorization**  
*(if required)#*

I, the Plan Administrator, conclude this contribution is a valid rollover contribution the source of which is 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.

I have received notification from the administrator of the distributing plan or funding agency stating that:

- 1) the plan has received a favorable determination letter;
- 2) the plan satisfies Code Sections above; or
- 3) the plan is intended to satisfy Code Sections above and that the administrator is not aware of any provision or operation that would result in its disqualification.

  X   \_\_\_\_\_ Date      |      |       
*Plan Administrator's or Authorized Plan Representative's signature*

**Prudential  
Authorization:**

To be completed by the plan's account executive upon receipt of completed form. 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.

  X   \_\_\_\_\_ Date      |      |       
*Prudential Representative's signature*

Important information continued and signature required on the following page

**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.

*For Plan Participants Who Are Residents of New York:*

- Was this transaction obtained by means of direct solicitation?  NO  YES  
Is a portion of the policy funded by employee contributions?  NO  YES  
Is one annuity product being replaced by another annuity product?  NO  YES

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

1. At an initial meeting, I have reviewed the **Definition of Replacement** form, and required the applicant to complete and sign it indicating that the applicant has existing policies that are being replaced. I have obtained a list of all existing annuity contracts to be replaced, signed by the participant. I have also completed and signed the **NY Authorization to Disclose Contract/Policy Information** form. Copies of all documents have been provided to the participant. Original documents were submitted to Prudential Retirement.
2. At a subsequent meeting, I have presented and discussed a completed **Disclosure Statement/Annuity to Annuity Replacement Only** disclosure and determined that the replacement is in the participant's best interest. The **Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts** has been read and signed by the participant. Copies of both forms have been provided to the participant.
3. I represent that I provided the applicant with sales materials approved by Prudential only and have not provided any individualized or independently prepared sales materials not previously approved by Prudential.
4. Copies of the signed **Disclosure Statement/Annuity to Annuity Replacement Only** and **Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts** and all sales materials provided to the applicant accompany this application.

*For Plan Participants Who Are Residents of Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Florida, Hawaii, Iowa, Kentucky, Louisiana, Maine, Maryland, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, or Wisconsin:*

- Was this transaction 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 you responded "NO" to any one of the four preceding questions, no further action is required. Please sign and date below. If you responded "YES" to all four questions, YOU MUST READ AND COMPLY WITH THE STEPS BELOW.

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

5. I have required the applicant to complete and sign the form which includes a statement indicating that the applicant has existing policies that are being replaced.
6. I have read the Replacement Notice aloud to the applicant (applicant can waive this requirement listed as item 3 on the Replacement Notice.)
7. The form and the Replacement Notice have 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.
8. I represent that I provided the applicant with sales materials approved by Prudential only and have not provided any individualized or independently prepared sales materials not previously approved by Prudential.
9. Copies of the signed form, the completed Replacement Notice and all sales materials provided to the applicant 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