



Distribution Election for Governmental DCP 457 Plans

ALAMEDA COUNTY DEFERRED COMPENSATION PLAN

Instructions Please print using blue or black ink. Return this form to:

Prudential
PO Box 5410
Scranton, PA 18505-5410

About You

Plan Number

0 0 6 8 0 9

Sub Plan Number

0 0 1 8 8 1

Questions?

Call 1-800-833-5761
for assistance.

Social Security Number

_____ - _____ - _____

Daytime Telephone Number

_____ - _____ - _____
area code

First Name

MI Last Name

Address

City

State

Zip Code

Date of Birth

Gender

Original Date Employed

____/____/____
month day year

M F

____/____/____

Separation of Service

Retirement

Other _____



Options

Please select from the following option(s): (Continued on next pages.)

15

To leave the total of my vested account balance within my employer's plan until no later than the Required Minimum Distribution age of 70 1/2 . (This option only applies if you are no longer employed by the employer sponsoring the plan.)

20

Partial Single Sum-To receive \$_____ of my account in a check made payable to me. *The funds will be taken in a specific sequence (salary deferral, Roth contribution, employer contribution, Roth rollover, pre-tax rollover) if you select this option and no contribution type is specified. To choose the contribution type for your disbursement, you must check the appropriate box(es) below:*

1. Amount indicated or maximum amount of my *before-tax* contributions, earnings or rollover (if available).

2. Amount indicated or maximum amount of my **Roth** (if available) contributions and earnings.

20

Total Single Sum-To receive my total vested account balance in a check made payable to me.

To request Installment Payments, a Request for Systematic Disbursement form should be completed in place of this form. You can request the form by calling our toll-free number, 1-800-833-5761.

To Purchase an Annuity, you can obtain an annuity quote and request a form by calling our toll-free number, 1-800-833-5761. There is no need to complete the remainder of this form.

If your disbursement consists of Roth and Non-Roth money, a separate check will be issued for each portion consistent with IRS rules. If you elect the Express Mail option, each check will be subject to an express mail fee.

Election for Withholding of Federal Income Taxes
(For Single Sum Payments)

We will automatically withhold 20% federal income tax from the taxable portion of your distribution. Only complete this section if you elected a total or partial single sum distribution made payable to you and you wish to have an additional amount withheld from your distribution.

In addition to the 20%, I want _____% or \$_____, _____ federal income tax withheld from my distribution.

Social Security number _____

Important information and signatures continued on the following pages

Election For Withholding of State Income Taxes
(For Single Sum Payments and Rollovers of non-Roth money to a Roth IRA)

A. Mandatory State Withholding: If you reside in a state where state income tax withholding is mandatory **AR, CA*, DC (mandatory for total single sum distributions only), DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), ME, MI (see below), 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.

If you are a resident of **IA**, have federal income taxes withheld, and receive one or more distributions totaling more than \$6,000 in the calendar year, **IA** income taxes are required to be deducted for the amount over \$6,000.

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.

My resident state is **MI** and withholding of 4.25% is required, unless my payments are not taxable and I opt out.

My resident state is **MI** and I would like to opt out of **MI** withholding. Note: Opting out may result in a balance due on your **MI 1040** as well as penalty and/or interest.

My resident state is **MI** and if my payments are taxable, I wish to have **MI** state withholding based on the number of exemptions selected. I have entered the number of exemptions below:

_____ Enter the number of personal exemptions allowed on your Michigan Income Tax Return (MI-1040). The total number of exemptions you claim may not exceed the number of exemptions you are entitled to claim when you file your **MI-1040**. Withholding will be computed at the percentage determined by the state after subtracting your personal exemption allowances.

My resident state is **MI** and I am requesting _____ % additional **MI** state tax withheld from my payment. This amount must be a whole percentage.

B. Voluntary State Withholding: Please check the appropriate box below. If state income tax withholding is not 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 a 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 (voluntary for partial and systematic distributions), GA, ID, IA (voluntary if no federal tax withheld) IL, IN, KY, LA, MD (non-eligible rollover distributions only), MA (voluntary if no federal income tax withheld), MN, MO, MS, MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, 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.

Important information and signatures continued on the following pages

Social Security number _____

Direct Rollover-Please complete applicable sections below.

1. Types of money in your account.	2. What do you want to roll over?	3. What type of account are you rolling to?	4. Please choose a specific product/plan below.
<p>Tax-Deferred and After-Tax Account. (Excludes Roth Accounts. May include one or more of the following: Your own contributions (pre-tax, after-tax, or both), made by your employer, money you've rolled over from another employer-based plan.)</p>	<p><input type="checkbox"/> The entire Account.</p> <p><input type="checkbox"/> A portion of the Account: \$ _____ OR _____ % Percentage of after-tax contributions (if any) to be rolled _____ % (If no percentage is indicated, after-tax contributions will be included in the direct rollover. It is your responsibility to confirm that the receiving plan accepts rollovers, including after-tax, if applicable.)</p>	<p><input type="checkbox"/> Another eligible employer-based plan.</p> <p><input type="checkbox"/> A Traditional IRA.</p> <p><input type="checkbox"/> A Roth IRA.¹</p>	<p><input type="checkbox"/> Prudential SmartSolution IRA²</p> <p><input type="checkbox"/> Other³</p> <p>Financial Institution _____</p> <p>Address _____</p> <p>Account number: _____</p>
<p>Roth Account. (if applicable)</p>	<p><input type="checkbox"/> The entire Account.</p> <p><input type="checkbox"/> A portion of the Account: \$ _____ OR _____ % Percentage of Roth after-tax contributions to be rolled _____ % (If no percentage is indicated, all Roth contributions will be included in the direct rollover. It is your responsibility to confirm that the receiving plan accepts Roth rollovers.)</p>	<p><input type="checkbox"/> Another eligible employer-based plan that accepts Roth rollovers.</p> <p><input type="checkbox"/> A Roth IRA.</p>	<p><input type="checkbox"/> Prudential SmartSolution IRA²</p> <p><input type="checkbox"/> Other³</p> <p>Financial Institution _____</p> <p>Address _____</p> <p>Account number: _____</p>

¹This type of rollover is subject to current taxes. Please complete the section called "Election for Withholding Federal Income Taxes When Rolling Non-Roth Money to a Roth IRA" below.

²Your SmartSolution IRA must be opened before the distribution can be processed. If you have not already opened an account please call our toll-free number shown at the top of page 1 of this form. The money will be directly deposited into your account.

³If the address of the institution is not given, your direct rollover check will be sent to you. You are responsible for completing the direct rollover to your financial institution in a timely manner in accordance with applicable law. If rolling over to multiple institutions, please list additional institutions or IRA (note if Traditional or Roth) on a separate page.

Election for Withholding Federal Income Taxes When Rolling Non-Roth Money to a Roth IRA

Only complete this section if you elected to roll non-Roth money to a Roth IRA above. If you do not complete this section, no federal income tax will be withheld if you elect to rollover non-Roth money to a Roth IRA.

A rollover of non-Roth money to a Roth IRA is generally taxable. However, this distribution is not subject to 20% mandatory federal withholding. You may elect withholding by making an election below.

- Please withhold _____% (percent) or \$_____ (amount)
- Please do not withhold federal income taxes

(Note: If you elect federal income tax withholding for this type of rollover, you will receive a second 1099-R for the withholding amount. If you are under age 59.5 and you elect withholding, the withholding amount may be subject to a 10% early distribution penalty if money distributed was rolled over to your 457(b) plan from another type of eligible employer plan (e.g. 401(a), 401(k) or 403(b) plan). See the attached Special Tax Notice for more details.) Consult with your tax advisor to understand the tax implications for you.

Complete This Section If You Have A Loan From This Account.

Place an (X) next to your selection to make payment arrangements if you are no longer employed by the employer sponsoring the plan.

- A. I agree to pay in full my outstanding loan(s) prior to the distribution of funds. This acknowledges that I have contacted Prudential for an exact payoff quote on my loan(s) and am aware that the quote given is only valid for 10 business days. Enclosed is an official check (Cashiers Check, Certified Check, Money Order, or Personal Check) payable to Prudential to payoff my outstanding loan(s).
- B. Please convert my loan payment to billing. I am aware that \$100.00 will be deducted from my account per loan in order to convert to billing. I understand that my employer's plan may require that I maintain a balance in my account or my loan will default. If my plan has such a loan policy, any future distribution may trigger a distribution of the loan and it will be tax reported accordingly.
- C. Please terminate my loan. I understand that my account balance will be reduced by the terminated loan amount. This amount will be reported to the IRS as taxable income for the current year.

If you do not indicate an option above, the outstanding loan balance will result in automatic termination of your loan. If you need additional information concerning your loan or would like to pay off your loan, please contact a Registered Representative with Prudential at our toll free number listed on this form.

Important information and signatures continued on the following pages

Social Security number _____

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 EFT, please provide the information below.

Type of Account (please choose one):

- Checking (Must attach a voided check below, or include a letter from your financial institution, with participant's name, checking account number, and ABA routing number)
- Savings (Must include a letter from your financial institution with participant's name, savings account number, and ABA routing number)

IMPORTANT: Your EFT payment may result in a check payable to you if:

- Your voided check or financial institution letter is not included
- All of the necessary information is not provided
- If this section does not apply to your disbursement request

Please Tape Voided Check Here:



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 incorrect information provided (e.g. wrong banking instructions). The credit will typically be applied to your account within 2 business days of being processed.

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.

Express Mail
(check box if applicable)

- I wish to have my disbursement check sent by express mail to my home, employer, or alternate institution's address. Therefore, please deduct \$25.00 per check from my account prior to the distribution. **Please Note:** Express mail is *not* available for annuities, systematic disbursements, or delivery to post office boxes.

Important information and signature required on the following page

Social Security number _____

**Your
Authorization**

I understand the information I have provided will be relied upon in processing my request. I understand that my request must be reviewed to confirm eligibility under applicable Internal Revenue Code requirements and plan rules and will be processed upon confirmation. I further understand that I will be responsible for its accuracy in the event any dispute arises with respect to the transaction. I acknowledge that I have read the attached **Special Tax Notice Regarding Plan Payments**. I understand the tax implications regarding this disbursement, including that if I am entitled to an eligible rollover distribution, I have the right to consider the decision of whether or not to elect a Direct Rollover for at least 30 days after this special tax notice is provided. By signing this form, I am waiving this notice period. The taxable portion of any Distribution that is eligible for "Rollover" is subject to a *mandatory 20% federal income tax withholding*, unless that amount is directly rolled to an Individual Retirement Account (IRA) or to another plan in which you are a participant.

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.

X _____ Date _____
Participant's signature

Social Security number _____