

Salary Deferral Authorization
For Deferred Compensation Programs**Instructions**

Please print using blue or black ink. Keep a copy of this form for your records. Return the completed original to your employer. The employer's copy should be used to adjust payroll records and then should be filed permanently. It is not necessary to return this form to Prudential. This form should only be used if you are changing your contribution rate.

Questions?

Call 1-877-RET-VERM
for assistance.

About You

Plan number

9 | 4 | 0 | 0 | 5 | 0

Sub Plan number

| | | | | | | |

Social Security number

| | | | | - | | | | | - | | | | |

Daytime telephone number

| | | | | - | | | | | - | | | | |

area code

First name

| | | | | | | | | | | | | | | | | |

MI

| |

Last name

| | | | | | | | | | | | | | | | | | | | | |

Agreement

For the purpose of obtaining the benefits of Section 457 of the Internal Revenue Code, until further notice, I authorize my employer to reduce my salary by:

Before-Tax Contribution Election. I wish to contribute | | | | | % **OR** \$ | | | | | , | | | | | .00 of my salary per pay period.

Roth Contribution Election. I wish to contribute | | | | | % **OR** \$ | | | | | , | | | | | .00 of my compensation per pay period on a Roth (post-tax) basis.

Weekly Bi-Weekly Monthly

Beginning with the pay period date | | | | | | | | | |

month

day

year

The amount of each salary reduction made as described above shall be transmitted to Prudential as a contribution for the purchase of an annuity under the above mentioned Plan number issued by Prudential, the terms of which confer upon me non-forfeitable rights to the benefits provided by such contributions. This salary reduction agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. The number of times I may change this agreement is subject to any restrictions in my employer's program.

X

Date

Your Signature

**Your Plan
Authorization****X**

Date

Authorized plan representative's signature