



Prudential

Request for Distribution of ADP/ACP Excess

Information About the Plan (To Be Completed by Employer)

Plan Name: _____ Plan ID and Subplan: _____

Information About You (To Be Completed by Participant)

Name (First, M.I. Last)		Social Security Number
Street Address of Legal Residence		If you reside outside the U.S. (including a Puerto Rico or another U.S. possession), please provide either a completed Form W-9 (if you are a U.S. citizen) or Form W-8 BEN (if you are a nonresident alien (NRA)). If you don't provide a completed form or you're an NRA residing in a country that does not have an applicable treaty with the U.S., your payment will be subject to 30% federal income tax withholding. Please contact your Prudential Representative for further information or if would like us to send you the appropriate form.
City	State	Zip Code

Information About the Corrective Distributions (To Be Completed by Employer)

This correction is for the plan year ending _____ (mmddyy, please specify the exact date).

Corrective Distributions must be made when a participant has excess contributions under the Actual Deferral Percentage (ADP) Test or excess aggregate contributions under the Actual Contribution Percentage (ACP) Test and the employer does not correct these excesses by making Qualified Non-Elective Contributions or Qualified Matching Contributions.

Vesting Schedule Applied to Excess Aggregate Contributions (ACP Test Failures):

If the participant is not 100% vested in employer matching contributions, the non-vested portion of the corrective distribution must be forfeited and cannot be returned to the participant. Once forfeited, these amounts may be used to offset future employer contributions or be applied towards paying plan expenses in accordance with the provisions of your plan document.

Attributable-to-Matching Contributions (ATMs):

"ATMs" are employer matching contributions made on employee pre-tax and/or post-tax contributions that are now being distributed to correct ADP or ACP excesses. "ATMs" must always be forfeited, even if they are vested. Once forfeited, they may be used to offset future employer contributions or to pay plan expenses, as provided in your plan document.

<u>Corrective Distribution (forfeited) Amounts</u>	<u>Earnings</u> (Prudential will calculate earnings if left blank)
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ADP Excess (distributed):

Amount to be distributed from Pre-tax: \$ _____ \$ _____

Amount to be distributed from Roth: \$ _____ \$ _____

ACP Excess (vested portion distributed, non-vested portion forfeited):

Amount to be distributed from Match: \$ _____ \$ _____

Amount to be distributed from Post-tax: \$ _____ \$ _____

ATM to be forfeited, if applicable: \$ _____

NOTE: The excess will be removed as you requested, unless the plan document dictates otherwise.

Income Tax Withholding Information (To Be Completed by Participant)

Corrective distributions are not eligible for rollover and are exceptions to the mandatory 20% federal income tax withholding requirements. Instead, they are subject to withholding at a rate of 10%. However, you can elect not to have federal income taxes withheld from these payments. (U.S. citizens who either reside outside the U.S. or whose payments are delivered outside the U.S. or who have resident addresses outside the U.S. cannot elect out of federal withholding.) If you choose not to have federal and/or state income tax withheld, you are still liable for the payment of taxes on the taxable portion of the distribution. If you pay estimated taxes under estimated tax rules, you may be subject to tax penalties if estimated taxes are not accurate.

Check here if you elect out of federal income tax withholding

A. **Mandatory State Withholding:** If you reside in a state where state income tax withholding is mandatory **AR, CA*, CT, DC (mandatory for total single sum distributions only), DE, IA, KS, MA, 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.

If you are a resident of **CT** and are not receiving a total single sum distribution, please provide Form **CT-W-4P**. **CT** requires us to withhold at the highest marginal rate if no Form **W-4P** is received or for total single sum distributions.

My resident state is **AR, CT, DE, KS, ME, MA, NC, NE, or VA** and I do not want state income tax withholding deducted from my distribution. *If you elect out of **ME, MA, NE or VA** withholding, you must have elected out of federal withholding, or if you reside in **ME**, have no State tax liability in the prior or current year. **ME** residents must submit a Form **W-4ME** to elect out of withholding.*

*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.

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

Check here if you 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.

Check here if your payments are taxable, and you wish to have **MI** state withholding based on the number of exceptions 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 4.25%, after subtracting your personal exemption allowances.

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, DC, GA, ID, **IA, IL, IN, KY, LA, MD, MA, MI, MN, MO, MS, MT, **NE, ND, NJ, NM, NY, OH, PA, RI, SC, UT, **VA, WI, WV** and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.) ****Must also have elected out of federal withholding to make this election.**
_____ % 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.

Approval (To Be Completed by Participant and Employer)

I certify that the plan administrator has explained the terms and conditions of my choices.

Participant's Signature: _____ Date: _____

I certify that the information above is complete and accurate.

Company Authorization: _____ Date: _____