Prudential Financial

DELAWARE
State Income Tax Withholding Election Notice
for Qualified Periodic and Non-Periodic Pension and Annuity Payments

Withholding of Delaware State income tax is required from the taxable portion of periodic and non-periodic pension and annuity payments made to residents of Delaware.

You may elect to have state income tax withheld even if no Federal income tax is being withheld.
In addition, you may elect out of state withholding even if Federal income tax is being withheld, unless the payment is an eligible rollover distribution. Please complete the form below and return it to the following address or fax it to (888) 499-4315.

The Prudential Insurance Company of America
P.O. Box 5370
Scranton, PA 18507
(800) 621-1089

Periodic Payments: If you have not elected out of State withholding, your Delaware withholding will be calculated using the percentage of wages method.

If you do not return this form, and you have not elected out of State income tax withholding, Delaware state income tax will be withheld as if you claimed "Single" with "zero" exemptions.

Non-Periodic Payments: 5.0% of the gross distribution will be automatically withheld unless you elect out of state withholding. An election out of withholding cannot be made on a rollover eligible distribution.

Your election will become effective with the payment that is due at least one month after our receipt of the election and will remain in effect until you change or revoke it. You may change or revoke your election by filing another election form with us. Copies can be obtained from the above address.

Please note that withholding is a method of paying taxes. It does not increase or decrease the total amount of taxes you must pay. Penalties may be incurred under the estimated tax payment rules if sufficient tax is not paid either through withholding, estimated taxes, or both.

DETACH AND RETURN THIS CERTIFICATE TO THE ADDRESS ABOVE. KEEP THE TOP PORTION FOR YOUR RECORDS.

Request for Delaware State Income Tax Withholding

TYPE OR PRINT YOUR FULL NAME	**SOCIAL SECURITY NUMBER**
HOME ADDRESS (Number and Street or Rural Route)	**CONTRACT NUMBER**
CITY OR TOWN, STATE AND ZIP CODE	

Check only one box:

☐ **PERIODIC AND NON PERIODIC PAYMENTS:**
Withhold state income tax from my pension/annuity payments using the following:
Marital Status (check one):_____ Single/ Head of Household
_____Married Filing Separately
_____Married Filing Jointly
_____Number of Exemptions
$_____Additional Flat Amount
_____Do not withhold state income tax from my pension payment(s) {Note: This election is not permitted if payment is an eligible rollover distribution.}

☐ **PERIODIC AND NON PERIODIC PAYMENTS:** Withhold state income tax from my pension/annuity payments using the following:
_____ Flat dollar amount or percentage $_____ or _____%
_____ Do not withhold state income tax from my pension payment(s).

Signature _____ Date _____

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