

State Income Tax Withholding Election Notice

for Residents of:

**Alabama, Colorado, Illinois, Indiana, Louisiana, Michigan, Montana, New Jersey, New Mexico,
Pennsylvania and West Virginia**

Qualified Periodic and Non-Periodic Pension and Annuity Payments

Periodic and non-periodic pension and annuity payments made to residents of the above listed states are not subject to state income tax withholding. However, you may request withholding from your payment(s) by completing the form below and returning 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

The amount of withholding requested should be a flat dollar amount or percentage. Residents of the following states must meet these additional requirements:

- Colorado:** Withholding must be a whole dollar amount
- Indiana:** Withholding must be at least \$10.00 per payment
- Michigan:** Withholding must be at least \$5.00 per month and must not reduce the net amount of any payment below \$10.00
- Montana:** Withholding must be a whole dollar amount of not less than \$10.00 and not reduce your payment below \$10.00
- New Jersey:** Withholding must be at least \$10.00 per payment
- New Mexico:** Withholding must be at least \$10.00 per payment

If you do not want state income tax withheld from your pension or annuity payment(s), do not return this form.

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 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	

I wish to have _____ State income tax withheld from my pension payment(s).
Enter State Name

Complete Line 1 or Line 2.

1. Withhold the following flat dollar amount..... \$ _____
2. Withhold the following whole percentage..... _____ %

Signature

Date