

Prudential Mutual Fund Services LLC,
a Prudential Financial company

Instructions Use this application to enroll in the Mutual Fund Investment Plan (MFIP) and to purchase shares of Prudential's money market funds or Class A shares of JennisonDryden or Strategic Partners Mutual Funds.

About the MFIP Program

- The Mutual Fund Payroll Deduction program is only available for accounts registered under the **employee's Social Security number**. Accounts under a family member's Social Security number are ineligible for payroll deduction.
If a family member would like to establish a new account and purchase shares at Net Asset Value (NAV) under his/her Social Security number then the Mutual Fund Account Application Kit (MF1022) should be completed. To determine which family members are eligible for an NAV purchase, please contact the Prudential Mutual Fund Service Center at the telephone number below.
- With certain limited exceptions, the funds are only available to be sold in the United States, US Virgin Islands, Puerto Rico, and Guam.
- MFIP is only allowed on non-qualified accounts. We cannot allow IRA accounts to be established under MFIP.
- Participants are allowed to invest in up to five funds through payroll deduction.

We suggest you review our privacy notice titled **Important Privacy Information and Choices** at the back of the application.

If you need assistance completing this form, please call the Prudential Mutual Fund Service Center at **800-225-1852**, Monday through Friday between 8:00 a.m. and 8:00 p.m. Eastern time. If you have a Pruco Securities financial professional or a financial adviser, he or she can also assist you.

For fund information and/or fund selection, please visit our website at www.jennisondryden.com or www.strategicpartners.com.

Mailing Instructions	Standard mail to:	Prudential Mutual Fund Services LLC PO Box 9658 Providence, RI 02940	Overnight mail to:	Prudential Mutual Fund Services LLC 101 Sabin Street Pawtucket, RI 02860
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Spousal Consent
(Only for Transfer on Death accounts.) Special laws apply to the designation of a beneficiary by a married person residing in a "community property" state. If you are married and reside in a community property state and have not designated your spouse as your sole primary beneficiary, your spouse must sign the Spousal Consent in section 12. Your spouse's signature represents consent to the beneficiary designation.

1 Mutual Fund Account Registration

Employee name *(first, middle initial, last name)*

Social Security number
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Street Apt.

City State Zip code
-

Joint owner name (if any)* *(first, middle initial, last name)*

* Joint tenancy with rights of survivorship (JTWROS) will be assumed unless otherwise indicated.

(continued)

1 Mutual Fund Account Registration (continued) Do you currently own a JennisonDryden or Strategic Partners Mutual Fund account? Yes No
 If you would like to receive a consolidated mutual fund statement reflecting your other accounts, please indicate your account numbers:

Other account types:
 Trust _____ Trustee _____
 Trust date ____ / ____ / ____ FBO (for the benefit of) _____
 Transfer on Death (Name of beneficiary) _____

2 Deduction Amount Please deduct the percentage indicated (must be whole percentages) from my pay each pay period for investment in JennisonDryden or Strategic Partners Mutual Funds. *Note: The minimum payroll deduction percentage is 1 percent.*
 _____ %

3 Payroll Center Please indicate the payroll center from which you receive your compensation:
 Home Office and Field Service, Subsidiaries

 Prudential financial professional
 Agency code _____ Contract # _____

4 Primary Account Owner Information (Should be completed by a primary account owner on an individual or joint account.)
 Name of Prudential employee _____
 Street: **Residence or legal address** _____
 City _____ State _____ ZIP code _____
 Home telephone number _____ Daytime telephone number _____ Extension _____
 Date of birth (mo., day, year) _____
Citizenship
 U.S. person I am not a U.S. person (including resident alien). I am a citizen of*
 Resident alien _____
 *Nonresident aliens must attach the applicable Internal Revenue Service (IRS) Form W-8(BEN, ECI, EXP, IMY), which can be obtained at www.irs.gov. Also, nonresident aliens must cross out item 3 in section 12.
Employment status Prudential employee
 Occupation _____
Marital status Married Single Widowed Divorced Number of dependents _____
Highest education level achieved
 Post graduate work College graduate Attended college
 High school graduate Attended primary/high school Technical or vocational school
 Associated member of a broker/dealer Yes No

5 First Additional Account Owner Information

(Should be completed by joint owner, trustee, or other.)

I am a(n): Joint owner Trustee Other

Name

Social Security number

Street: **Residence or legal address**

City

State

ZIP code

_____-____

Home telephone number

_____-_____

Daytime telephone number

_____-_____

Extension

Date of birth (mo., day, year)

____/____/____

Citizenship

U.S. person

I am not a U.S. person (including resident alien). I am a citizen of*

Resident alien

**Nonresident aliens must attach the applicable Internal Revenue Service (IRS) Form W-8(BEN, ECI, EXP, IMY), which can be obtained at www.irs.gov. Also, nonresident aliens must cross out item 3 in section 12.*

Employment status

Employed

Unemployed

Retired

Prudential employee

Occupation

Employer

Marital status

Married

Single

Widowed

Divorced

Number of dependents _____

Highest education level achieved

Post graduate work

College graduate

Attended college

High school graduate

Attended primary/high school

Technical or vocational school

Associated member of a broker/dealer

Yes

No

6 Mutual Fund Selection

Fund name	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Note: A maximum of five funds are allowed per payroll deduction.

Total

100 %

7 Dividend and Capital Gain Distribution Options Distributions (of dividends or capital gains) of \$10.00 or less will not be paid out in cash, but will be automatically reinvested into your account to purchase additional shares at Net Asset Value (NAV), without any sales charge.

Dividends:
 Reinvest in shares Pay in cash Send electronically to the bank specified in section 11.

Capital gains:
 Reinvest in shares Pay in cash Send electronically to the bank specified in section 11.

8 Exchange Privilege The Exchange Privilege is automatic unless you check the box below.
 I do **not** want this privilege.

9 Expedited Redemption Privilege Please complete the banking information in section 11 to establish the Expedited Redemption Privilege. If you do not want this privilege, check the box below.
 I do **not** want this privilege.

10 Purchase Privileges (Please complete section 11 and attach a voided check.)

A. **Automated Clearing House (ACH) Purchase Plan.** Check here if you want the capability to make wire purchases, online or by telephone, upon demand, by having the purchase amount debited from your bank account.

B. **Automatic Investment Plan (AIP).** Set up recurring purchases into a fund and have the purchase amount debited from your bank account. *Note: All contributions will be processed as current year contributions and the total contributions may not exceed the maximum allowed per tax year.*

Frequency (minimum per debit) Weekly (\$24) Monthly (\$100) Quarterly (\$300)

Start date (month, day, year)* _____

**If a specific day of the month is not listed above, debits will be made on or about the 15th of the month.*

	Share class	Other
\$ _____ into the _____ Fund	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> __	
\$ _____ into the _____ Fund	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> __	
\$ _____ into the _____ Fund	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> __	
\$ _____ into the _____ Fund	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> __	
\$ _____ into the _____ Fund	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> __	
\$ _____ Total amount (to be debited from bank/credit union account specified in section 11).		

11 Bank of Record

Bank/Credit union name

Bank account number

Bank telephone number

____-____-____


ABA routing number (To ensure accuracy, verify with your bank.)

Type of account:

Checking Savings

Attach voided check here. 





Check no. 1234



 **Name on bank account**
Street address
City, State ZIP

DATE _____

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

FOR _____

 123456789  555555  55555  1234

 ABA number (9 digits) —  Bank account number

12 Signature(s) and Tax Certification

The undersigned warrants that I have full authority and, if a natural person, I am of legal age to own and purchase shares pursuant to this application. Further, I acknowledge receipt of the prospectus(es) for the mutual fund(s) referenced herein, and I agree to its/their terms.

Purchases of shares during a subscription period (applicable only to investors who purchase shares of a fund directly from PMFS, the Transfer Agent): By signing this application for the purchase of shares of the investment portfolio(s) identified in section 6 (the subscription fund(s)), I hereby acknowledge that I have read and that I understand the special purchase procedures relation to the subscription period described in the prospectus(es) for the subscription fund(s).

I hereby authorize and direct PMFS: (1) to place my investment initially and for the duration of the subscription period in shares of a money market fund, and (2) to exchange those money market fund shares subsequently for the shares of the subscription fund(s) at the end of the subscription period in accordance with each subscription fund's prospectus.

If authorizing the registration of my mutual fund account as a (TOD): I have read the Rules that apply to TOD. I agree that I (including any joint shareholder, if applicable) will be bound by the attached Rules regarding TOD registrations and the requirements of PMFS. I certify that I have the power and authority to establish the account(s) in the manner selected. I hereby release PMFS, its affiliates, its agents and representatives and the mutual funds for which PMFS acts as Transfer Agent from all claims, demands, suits, actions, liabilities, and responsibilities whatsoever and agree to indemnify them from any and all liabilities, costs, or expense whatsoever, including attorney's fees for acting in good faith in accordance with these instructions. I further certify that I have read and agree to be bound by the Rules. The mutual fund accounts shall be subject to the Rules and the laws of the state of New Jersey regarding TOD registrations.

(continued)

**12 Signature(s)
and Tax
Certification**
(continued)

Under the penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me),
2. I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding and
3. I am a U.S. person (including a U.S. resident alien).

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. You must cross out item 3 above if you are not a U.S. person (including a U.S. resident alien.)

- Account Restriction.** Check here if you would like PMFS to establish a restricted account from which funds shall be disbursed only upon receipt of a valid court order or other document(s), as appropriate. A copy of the restriction (court order or otherwise), signed and dated on _____ has been provided with this mutual fund application. The restriction shall continue until PMFS receives a valid court order or other written instruction as directed by PMFS, expressly authorizing the removal of the restriction.

**The IRS does not require your consent to any provisions of this document
other than certification required to avoid backup withholding.**

X _____

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Signature of owner or trustee *month* *day* *year*

X _____

--	--	--	--	--	--

Signature of joint owner (if applicable) *month* *day* *year*

X _____

--	--	--	--	--	--

Spouse's signature and date *month* *day* *year*

State of domicile*

--	--

 State where application is signed

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**Domicile is defined as a person's fixed, permanent, and principal home for legal purposes.*

Privacy Notice

This notice is being provided on behalf of the companies listed in this Notice. It describes how information about you is handled and the steps we take to protect your privacy. We call this information “customer data” or just “data.” If you have other Prudential products or relationships, you may receive a separate privacy notice describing the practices that apply to those products or relationships. If your relationship with us ends, we will continue to handle data about you the same way we handle customer data.

Protecting Customer Data

We maintain physical, electronic, and procedural safeguards to protect customer data. The only persons who are authorized to have access to it are those who need access to do their jobs. We require them to keep the data secure and confidential.

Information We Collect

We collect data you give us and data about the products and relationships you have with us, so that we can serve you, including offering products and services to you. It includes, for example:

- your name and address,
- income and Social Security number.

We also collect data others give us about you, for example:

- medical information for insurance applications,
- consumer reports from consumer reporting agencies and
- participant information from organizations that purchase products or services from us for the benefit of their members or employees, for example, group life insurance.

Sharing Data

We may share data with affiliated companies and with other companies so that they can perform services for us or on our behalf. We may, for example, disclose data to other companies for customer service or administrative purposes. We may disclose limited information such as:

- your name,
- address, and
- the types of products you own

to service providers so they can provide marketing services to us.

We may also disclose data as permitted or required by law, for example:

- to law enforcement officials,
- in response to subpoenas,
- to regulators, or
- to prevent fraud.

We do not disclose data to Prudential affiliates or other companies to allow them to market their products or services to you. We may tell you about a product or service that a Prudential company or other companies offer. If you respond, that company will know that you were in the group selected to receive the information.

Annual Notices

We will send notices at least once a year, as federal and state laws require. We reserve the right to modify this policy at any time.

If you have questions about Prudential’s Privacy Notice please call us. The toll-free number is (800) 236-6848.



Prudential

Many Prudential Financial companies are required to send privacy notices to their customers. This notice is being provided to customers of the Prudential Financial companies listed below:

Insurance Companies and Separate Accounts

Prudential Insurance Company of America, The
American Skandia Life Assurance Corporation
Pruco Life Insurance Company
Pruco Life Insurance Company of New Jersey
Separate accounts of The Prudential Insurance Company of America, Pruco Life Insurance Company, Pruco Life Insurance Company of New Jersey, and American Skandia Life Assurance Corporation
Prudential Retirement Insurance and Annuity Company (PRIAC)
PRIAC Variable Contract Account

Insurance Agencies

Prudential Direct Insurance Agency of Massachusetts, Inc.
Prudential General Agency of Ohio, Inc.
Prudential General Insurance Agency of New Mexico, Inc.
Prudential General Agency of Texas, Inc.
Prudential Insurance Agency, LLC

Broker-Dealers and Registered Investment Advisers

American Skandia Investment Services, Inc.
American Skandia Marketing, Inc.
Global Portfolio Strategies, Inc.
Pru Global Securities, LLC
Pruco Securities, LLC
Pramerica Asset Management, Inc.
Prudential Equity Investors, Inc.
Prudential Investment Management, Inc.
Prudential Investment Management Services LLC
Prudential Investments LLC
Prudential Equity Group, LLC

Bank and Trust Companies

Prudential Bank & Trust, F.S.B.
Prudential Trust Company

Investment Companies and Other Investment Vehicles

High Yield Income Fund, Inc., The
JennisonDryden Mutual Funds
Nicholas-Applegate Fund, Inc.
PB Financial Services, Inc.
Prudential Capital Partners, L.P.
Prudential Financial Derivatives, LLC
Prudential Institutional Liquidity Portfolio, Inc.
Strategic Partners Mutual Funds
Target Portfolio Trust, The

Prudential Mutual Fund Services LLC (PMFS),
a Prudential Financial company

1. TOD is a form of ownership which enables a shareholder to designate an individual or entity as a beneficiary of his or her mutual fund account.
2. In conformity with the recommendations of the Securities Transfer Association (STA), only mutual fund accounts held in individual, joint tenancy with rights of survivorship, or tenancy by entireties, ownership may be registered in a TOD.

Please note: A joint tenancy mutual fund account held in tenancy in common or community property form will not be registered in a TOD.
3. An individual, trust, guardianship, custodianship under UTMA, corporation, or other non-natural entity may be designated as a TOD beneficiary. A custodianship under UGMA may not be designated as a TOD beneficiary as UGMA applies to gifts made during the life of the donor.
4. A TOD designation in the form of "lineal descendants (LD)" or "lineal descendants per stirpes (LDPS)" will not be permitted.
5. Once a TOD registration is validly created, it will remain valid until the registration is changed by the shareholder.
6. A TOD registration may be changed or revoked in writing by the shareholder. The TOD beneficiary has no rights with respect to the mutual fund account during the lifetime of the shareholder. Neither the TOD beneficiary's signature nor consent is required in connection with any matter regarding the administration of the mutual fund account during the lifetime of the shareholder.
7. The death of a joint shareholder will not automatically revoke a TOD registration. The surviving shareholder may authorize the re-registration of the mutual fund account. The surviving shareholder is not obligated to maintain the TOD registration.
8. The TOD beneficiary must survive the shareholder in order for the mutual fund account to be re-registered in the TOD beneficiary's name. Prudential Mutual Fund Services LLC (PMFS) will not re-register a mutual fund account in the name of a TOD beneficiary until all required documents are received in good order by PMFS. If a TOD beneficiary does not survive the shareholder, the mutual fund account will be deemed part of the deceased shareholder's estate.
9. PMFS shall not be responsible to a TOD beneficiary for any dividend or other distribution from a mutual fund account which has been paid between the date of the shareholder's death and the date of the re-registration of the mutual fund account in the name of the TOD beneficiary.
10. Shares held with a TOD ownership may not be pledged as collateral.
11. These Rules govern the establishment, maintenance, and re-registration of accounts registered as a TOD. These Rules may be amended on not less than 60 days' notice to shareholders with accounts registered as a TOD. The TOD registration shall be governed by and construed in accordance with the laws of the state of New Jersey.
12. Acceptance by PMFS of a shareholder's request for TOD registration is conditioned upon the shareholder's agreement that PMFS and the mutual funds for which PMFS serves as Transfer Agent shall have the protection of the Rules as stated and as they may be amended from time to time.
13. Acceptance by PMFS of a shareholder's request for TOD registration shall be effective when this TOD registration form in proper order has been received by PMFS. PMFS shall have a reasonable period of time to act upon such TOD registration request.
14. A TOD registration (and the interest of a TOD beneficiary) will be terminated upon shareholder authorization to re-register or redeem the mutual fund account.