



457 Governmental Rollover In

NJ STATE EMPLOYEES DEFERRED COMPENSATION PLAN

Instructions

- Complete this form in its entirety.
- Gather the appropriate documentation as requested in the 'Required Information' section of this form.
- Mail or fax this completed form and documentation as instructed below.
- Contact your previous recordkeeper or plan sponsor to initiate a disbursement from your previous account to Prudential.

Form and Check Direction

You should use this form if you want to roll over eligible money to your current account with Prudential. **Please complete using blue or black ink.**

Keep a copy of this form for your records and send the completed form and check to the following address. All checks, whether sent by you or your prior employer's plan, should be payable to 'Prudential for the benefit of (participant's name)' and should also include the last 4 digits of the individuals social security number. Please mail to the following address. **Any check should be mailed to:**

Prudential
 30 Scranton Office Park
 Scranton PA 18507-1789
 Fax: 1-866-439-8602

Questions?
 Call 1-866-NJSEDCP (1-866-657-3327) for assistance.
If you are hearing impaired and have a teletype (TTY) line, call 1-877-760-5166.

Note: Receipt of the completed form is required within 30 days of the receipt of check. Failure to send us the completed form may cause the check to be returned.

About You

To ensure proper and timely processing, please complete all fields below.

Prudential Plan number **Please provide your division/department name**

0 | 0 | 6 | 1 | 4 | 9

_____ (Please print entire division/department name)

Social Security number

Daytime telephone number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
area code

First name

MI

Last name

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Address

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

City

State

ZIP code

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Date of birth

Gender

Original date employed

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
month day year

M F

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
month day year



Prior Retirement Plan Provider and Plan Information

To ensure proper and timely processing, please complete all fields below. You must include a copy of a statement from your prior retirement plan provider.

Prior retirement plan provider name

Prior plan account number _____

Prior retirement plan provider address

City

State

ZIP code

_____ - _____

Prior retirement plan provider daytime telephone number

_____-_____-_____

area code

Previous retirement plan name _____

- What type of plan are you rolling/transferring FROM? 401(k) 401(a) 403(a)
 403(b) IRA Governmental 457(b)
 Simplified Employee Pension (SEP) Plan

(After-tax contributions are not eligible for rollover into this plan.)

Please liquidate and rollover/transfer:

Total Account Value OR \$ _____, _____ .00

Rollover Allocation Information

If you are **enrolled** in the Plan and you have *not* made a rollover investment election by the time your rollover is processed, your rollover contribution will be invested in the same allocation as your employee contributions, **otherwise** it will be invested according to your current allocation. If you are **not enrolled** in the Plan, your rollover contribution will be invested in the default investment option selected by your Plan.

Any Roth dollars will be invested in the same allocation as your Roth contributions (if applicable).

If you wish to change your investment elections or transfer funds (if allowed under your plan), you can do so by calling Prudential toll-free at the number on the first page or go online at www.prudential.com/njsedcp.

Required Information

In order for your rollover to be approved, please be sure to submit proof to ensure the assets are acceptable and the plan satisfies the Code Sections indicated.

You will be required to provide the following documentation from the distributing retirement plan or IRA.

- A copy of a statement from the distributing plan or carrier that includes the plan name and identifies the type of plan (i.e., 401(a), 401(k) etc.), or
- A letter from the distributing plan or plan representative stating the plan is qualified under the applicable section of the Internal Revenue Code, or a copy of the plan's most recent determination letter or opinion letter.

Important information continued and signature required on the following page

Social Security number _____

Minimum Distribution Information

I understand that if I am age 70 ½ or older, the distributing provider is required to process the Required Minimum Distribution before these funds are rolled over to Prudential. I further understand that I need to direct the prior provider to distribute my Required Minimum Distribution prior to processing this rollover.

Disclosures

If your transaction includes **after-tax dollars and/or Roth contributions**, your current provider or custodian needs to provide the amount of the **after-tax dollars and/or Roth contributions** along with the check, otherwise the entire amount will be applied as before-tax. Not all plans accept rollovers/transfers of **after-tax and/or Roth**. *For Roth rollover contributions, a letter from the prior plan's administrator that provides (1) the amount of Roth contributions (basis) being rolled over, and (2) your "Roth Start Date." If Prudential does not receive your Roth start date or year, we will default it to current day.

Your Authorization

I, the Plan participant, certify that all information on this form is accurate. I also certify that transaction was distributed from a plan intended to satisfy the requirements of I.R.C. § 401(a), 403(a), 403(b), 457 (governmental only), or an IRA established pursuant to IRC § 408 and, which to the best of my knowledge, does satisfy them.

I additionally certify that this distribution can be rolled over into my account with Prudential because it:

- 1) is not one of a series of substantially equal periodic payments (not less frequently than annually) distributed over my life or life expectancy (or the joint lives [or joint life expectancies] of me and my beneficiary) or over a period equal to or greater than 10 years,
- 2) was received by me not more than 60 days before the date of the rollover to the Plan,
- 3) would be includible in gross income if not rolled over in its entirety, unless after-tax or Roth contributions, which have been previously taxed.
- 4) does not represent a Required Minimum Distribution, a hardship distribution, or a corrective distribution (for example: corrections of elective deferrals or elective contributions, etc.), and
- 5) was distributed to me as an employee (not as a beneficiary) or as a surviving spouse.

 X _____ Date | |
Participant's/Account Owner's signature

Social Security number _____