

Instru	ıctı	on	S

Please print using blue or black ink. To qualify for this disbursement, Prudential must receive this completed form in good order no later than 4:00 p.m. (2:00 p.m. if your plan has company stock) Eastern Time on December 21, 2020. Send completed form to the following address or fax it to 1-866-439-8602.

Prudential PO Box 5410 Scranton, PA 18505-5410 Questions? Call 1-877-542-4015 for assistance.

About
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Plan ID 300510 Deferred Salary Plan of the Electrical Industry

You		Security Number			•	ephone number			
	First Na	ime	М	Last Na	me				
	Address	S							
	City				Stat	·			1
		of Birth	Gender				l _ l _ l _ l		
	Month	Day Year		 -					
Options	By signing this request in the "Your Authorization" section of this form, I certify that the proceeds of the distribution one or more of the following Coronavirus Pandemic related expenses such as: Wage Replacement, paymer Rent/Mortgage, Medical Bills, or any other expense incurred due to the Coronavirus. Additionally, I understand am required to maintain documentation to support this Coronavirus related distribution. Coronavirus-related distributions may not exceed \$100,000 from all eligible retirement plans and Coronavirus related distributions previously requested under a retirement plan automatically reduce the \$10 limit. Please note that some contribution types (e.g., money-purchase sources) may not be available to fun distribution. □Partial Single Sum-To receive \$						IRAs. 00,000 and this		
		quested as needed			•	•			0.00.
Election for Withholding of Federal	Some s	avirus-related distribe states also require w ect to have no federa	rithholding from th	ne taxabl	le portion o	of your distribut	ion if federal in		
Income Tax	1. 🗆	I elect to have fe	deral income tax	withheld	I at 10% fro	om the taxable	amount of my	distribution.	
	2. \square	I elect not to have	e federal income	tax with	held from r	my distribution.			
	3. 🗖	I elect to have fe percentage or do					•		e following
			% oı	r \$.00			

Election For Withholding of State Income Taxes (For Single Sum Payments)

B.

C.

A. Mandatory State Withholding: If you reside in a state where state income tax withholding is mandatory AR, CA*, DC (mandatory for total single sum distributions only), DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), CT, 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.

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	My resident state is AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only) and I do not want state income tax withholding deducted from my distribution. (An election out of AR, DE, KS, ME, NC, or VA state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) Important note to Maine (ME) residents. If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.
	*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. **An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.
	My resident state is CT and Prudential will withhold 6.99% on your taxable distribution. Please note that if you are not requesting a distribution of your entire account balance and if Form CT-W4P, <i>Withholding Certificate for Pension or Annuity Payments</i> , applies to you, please return Form CT-W4P as part of this distribution form. Form CT-W4P is available on the Department of Revenue Services (DRS) website, at www.ct.gov/DRS.
My	resident state is MI and withholding of 4.25% is required, unless my payments are <u>not</u> taxable and I opt out. My resident state is MI and I 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.
	My resident state is MI and if my payments <u>are</u> taxable, I 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 the percentage determined by the state after subtracting your personal exemption allowances.
	My resident state is MI and I am requesting% additional MI state tax withheld from my payment. This amount must be a whole percentage.
mai	untary State Withholding: Please check the appropriate box below. If state income tax withholding is not adatory in your state, you may be allowed to request state tax withholding. If your state of residence is not ed, or if you choose a method of withholding that is not offered for your state, we cannot withhold state income
	I reside in one of the following voluntary withholding states: AL, CO, DC (voluntary for partial and systematic distributions), GA, ID, IA (voluntary if no federal tax withheld) IL, IN, KY, LA, MD (non-eligible rollover distributions only), MA (voluntary if no federal income tax withheld), MN, MO, MS (voluntary except for early distributions), MT, ND, NE, NJ, NM, NY, OH, PA, RI, SC, UT, VA, WI, WV (NE and VA state withholding is voluntary for payments from IRA's only) and would like state income tax withheld. (Specify a percentage or dollar amount to be withheld.)
	I reside in one of the voluntary withholding states listed above and I do not want state income tax withholding deducted from my distribution.
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.

Electronic Funds Transfer (EFT) (Complete this section only if you choose to have your payment(s) sent by EFT)

If you have not signed up for EFT and would like to have your payment sent EFT, please provide the information below. Type of Account (please choose one):

- ☐ Checking (Must attach a voided check below, or include a letter from your financial institution, with participant's name, checking account number, and ABA routing number)
- ☐ Savings (Must include a letter from your financial institution with participant's name, savings account number, and ABA routing number)

IMPORTANT: Your EFT payment may result in a check payable to you if:

- Your voided check or financial institution letter is not included
- > All of the necessary information is not provided
- If this section does not apply to your disbursement request

Please Tape Voided Check Here:



I have carefully read this form and I hereby authorize Prudential to make this Plan payment(s) to the financial institution listed above in the form of Electronic Fund Transfer (EFT). I understand Prudential is not responsible for any losses associated with incorrect information provided (e.g. wrong banking instructions). The credit will typically be applied to your account within 2 business days of being processed.

In the event that an overpayment is credited to the financial institution account listed above, I hereby authorize and direct the financial institution designated above to debit my account and refund any overpayment to Prudential. This authorization will remain in effect until Prudential receives a written notice from me stating otherwise and until Prudential has had a reasonable chance to act upon it.

Express Mail □ (check box if applicable)

Send my disbursement check by express mail from my account prior to the distribution. Please Note: Express mail is *not* available for annuities or systematic disbursements, or delivery to post office boxes.

Your

I certify that I have not exceeded the maximum \$100,000 limit on Coronavirus-related distributions from all retirement plans and IRAs, including with the distribution requested here, and that I qualify for a Coronavirus-related distribution for Authorization one of the following reasons:

- I have been diagnosed with the virus SARS-Co-V-2 or with coronavirus disease 2019 (COVID-19) by a test approved by the Centers for Disease Control and Prevention:
- My spouse or dependent has been diagnosed similarly with the virus; or
- I have experienced adverse financial consequences as a result of being quarantined, furloughed, laid off, having work hours reduced, being unable to work due to lack of child care due to the virus, or closing or reducing hours of a business owned or operated by me due to the virus.

I understand that it is my responsibility to maintain documentation of the reasons for the Coronavirus related withdrawals to be eligible for the waiver of the 10% early withdrawal penalty as well as the increased availability of funds up to \$100,000.00.

Important Consideration. Keep in mind that the purpose of your retirement plan is to provide for your retirement. Amounts kept in the plan, and the earnings they produce, are not taxed until eventually paid to you. In addition, consider consulting with a financial or tax advisor before taking any distribution from your plan, particularly in periods of volatile stock market activity. Also, because of the tax benefits of keeping your plan accounts whole, you may wish to explore other types of financial assistance before you submit your request for a coronavirus-related distribution. Also, consider the wage losses you have experienced because of the pandemic and the effect of that on your ability to pay normal living expenses (e.g., housing, food, medical, car).

I understand that Prudential will rely on the information I have provided in processing my request. I further understand that I am responsible for its accuracy in the event any dispute arises with respect to the transaction. I understand the tax implications regarding this disbursement.

X	Date		
Participant's signature	-		