

Election Form and Notice to Payee of Withholding of Federal Income Tax from Non Periodic Pension Payments

Name of Payee	e (please print)	Customer Identification Number
Home Address	(number and street or rural route - not a f	Post Office Box)
Social Security	Number (required)	
you elect not t	o have withholding apply. Withholding w	ederal income tax withholding from your non-periodic pension payment unless ill only apply to the portion of your pension payment that is included in your vill be no withholding on the return of your own nondeductible contributions to
gross amount of from gross income	of the payment even though you may be rec	of your payment that is includible in gross income, tax will be withheld on the eiving amounts that are not subject to withholding because they are excludable information to calculate the taxable portion.) This withholding procedure may
However, all n		an two hundred dollars (\$200), no federal income tax withholding is required. the same plan within one taxable year must be aggregated for purposes of ed.
have a valid So like to have wit	ocial Security Number and the payment mu thholding apply, check Box B below. If yo	ment by checking Box A below. In order to elect out of withholding, you must ust be delivered to you within the United States or its possessions. If you would u would like to have an additional amount withheld, check Box C and indicate to revoke your election at any time, and your election will remain in effect until
П А.	I do NOT want Federal income tax withhe	ld
□ в.	I wish to have 10% withheld for Federal i	ncome tax.
	If you wish to have an additional flat amo be withheld.	unt withheld, check the box at the left and indicate the additional amount to
	You cannot enter an additional amount w	ithout checking Box B.
	Flat Amount \$	
from y your w	our payment, you may be responsible for pa	ur pension payment, or if you do not have enough Federal Income Tax withheld ayment of estimated tax. You may incur penalties under the estimated tax rules if a not sufficient. You should consult your tax advisor with any questions regarding
 Signature		Date
Please return the completed form to:		The Prudential Insurance Company of America 2801 Townsgate Road Suite 300, Thousand Oaks, CA 91361
		Fax to (800) 307-0009 Email to WCTPension@Prudential.com
If you have any questions, feel free to contact us at		(800) 336-3387