

ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM

For use by structured settlement claimants/payees only

Please print using blue or black ink

Instructions

To enroll in Prudential's electronic funds transfer (EFT) payment service, please provide us with the following information and enclose your blank, voided check for the account into which Prudential will deposit your payments. However, if a savings account is being used, you must first check with your bank to obtain the correct bank transit routing number and account number for electronic deposits.

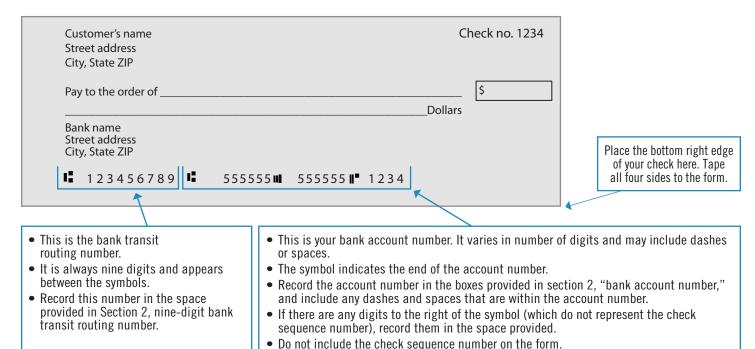
Note: We cannot obtain adequate banking information from deposit slips. Call us toll free at 1-877-778-8118 with any questions.

City	State		ZIP code		
New address? \square Yes	Soci	al Security number			
□No	Tele;	ohone number			
Function and information	page 2 for more information)			
Enrollment Information (see p					
Bank name		Local branch telep	honone number		
Enrollment information (see p			h		
		Local branch telep		□ Savings	□ Checkir
Bank name	State			□Savings	□ Checkin

Instructions for completing section 2—Enrollment information

Please tape your voided check on the copy of this form you are returning to Prudential. Place your check on the space provided below so that the bottom right corners are aligned. This will help you identify the necessary bank information to initiate electronic payments. The nine-digit transit routing number is how we recognize the bank you do business with.

Record all banking information on the front of the form in section 2, **Enrollment Information**.



3. Signature

I/we hereby authorize The Prudential Insurance Company of America to initiate credit entries and to initiate, if necessary, adjustments for any credit entries made in error, to my/our account as indicated below, and I/we also direct the bank named above to credit and/or debit the same such account. I/we have the responsibility to inform Prudential of any changes to the above banking information. I/we also represent that the above cited bank account has been set up in my/our name(s). This authorization will remain in effect until further written notice from me/us is received by Prudential, and Prudential has reasonable opportunity to act on it.

X Signature of claimant/payee or claimant/payee's guardian ¹	Month	 Day	 Year	
X			 Year	

4. Mailing instructions

Please return this form completed and signed to:

The Prudential Insurance Company of America Prudential Retirement P.O. Box 70197 Philadelphia, PA 19176

¹ If any claimant or joint claimant is a minor or lacks legal capacity, this form must be signed by the legal guardian responsible for the custody and care of such claimant's financial interests with respect to the SSA Contract identified herein.

² If amounts due under the SSA Contract identified herein are payable jointly to two or more claimants/payees, all such claimants/payees must sign this form.