

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.

1. Contract information

Contract number _____

First name of claimant _____

Middle initial _____

Last name of claimant _____

First name of joint claimant (if any) _____

Middle initial _____

Last name of joint claimant _____

Claimant address _____

Apt _____

City _____

State _____

ZIP code _____

New address? Yes

No

Social Security number _____

Telephone number _____

2. Enrollment information (see page 2 for more information)

Bank name _____

Local branch telephone number _____

Bank address _____

Type of account

Savings

Checking

City _____

State _____

ZIP code _____

Bank transit routing and account numbers



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**.

The diagram shows a check with the following fields: Customer's name, Street address, City, State ZIP, Check no. 1234, Pay to the order of, Dollars, Bank name, Street address, City, State ZIP, and MICR line (1 2 3 4 5 6 7 8 9 | 5 5 5 5 5 5 | 5 5 5 5 5 5 | 1 2 3 4). A callout box on the right says: "Place the bottom right edge of your check here. Tape all four sides to the form." Arrows point from the callout box to the MICR line and the bottom right corner of the check.

- This is the bank transit routing number.
- It is always nine digits and appears between the symbols.
- Record this number in the space provided in Section 2, nine-digit bank transit routing number.

- This is your bank account number. It varies in number of digits and may include dashes or spaces.
- The symbol indicates the end of the account number.
- Record the account number in the boxes provided in section 2, "bank account number," and include any dashes and spaces that are within the account number.
- If there are any digits to the right of the symbol (which do not represent the check sequence number), record them in the space provided.
- Do not include the check sequence number on the form.

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 guardian¹ Month Day Year

X _____
Signature of joint claimant/payee or joint claimant/payee's guardian^{1,2} Month Day Year

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.

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