

ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM

For use by structured settlement claimants/payees only

Please print using blue or black ink

Instructions (call us toll free at 1-877-778-8118 with any questions)

To enroll in Prudential's electronic funds transfer (EFT) payment service, please provide us with the following information for the account into which Prudential will deposit your payments (U.S. Banks only):

Checking Accounts – a voided check with full account name imprinted on it, direct deposit form from your bank or bank statement with **full** account name plus **full** routing and account number(s). **Starter checks, deposit slips, and/or handwritten information not accepted.**

Savings Accounts - Direct Deposit Form from bank or bank statement with **full** account name plus full routing and account number(s).

Money Market Accounts - excluded

1. Contract information

Contract number (ex. SGQ000012345)

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.

Note: Starter checks, deposit slips, or annuitant's name handwritten on the check are not accepted.

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 points to the MICR line with the text: "Place the bottom right edge of your check here. Tape all four sides to the form."

- 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. Return instructions – Please return this form completed and signed to:

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

By Email:
SS.Operations@Prudential.com

By Fax:
1-877-778-2329