Prudential Financial

412

457 Prior Service Buy Back Form

Instructions

You should use this form to transfer an eligible amount from your 457 plan with Prudential to purchase prior credit in your pension plan.

Prior to filing this form, you should have already applied to your pension plan to purchase your prior service and received a statement / letter from the pension plan stating the amount you must pay to purchase that credit. **You must submit a copy of that statement / letter with this form.**

Please print using blue or black ink. Keep a copy of this form for your records. Please fax your completed request along with a copy of the document verifying the eligible buy back amount to (570) 340-4328 or mail to:

Prudential
30 Scranton Office Park
Scranton, PA 18507-1789

About You

Prudential Plan number ⌊_____⌋ Sub plan number (if applicable) ⌊_____⌋ Social Security number ⌊___⌋-⌊__⌋-⌊____⌋

First name ⌊_____⌋ MI ⌊_⌋ Last name ⌊_____⌋

Daytime telephone number

⌊___⌋-⌊___⌋-⌊____⌋
area code

Are you still employed by the employer sponsoring the plan? ☐ Yes ☐ No

Payee Information

Pension Provider Name and Address of Retirement System

City of Tallahassee
Pension Administration
300 South Adams Street
Tallahassee, FL 32301

Questions?
Call (800) 833-5761
for assistance.

☐ TOTAL ACCOUNT VALUE **OR**

☐ PARTIAL AMOUNT (For partial amounts, print the dollar amount below for the investment option(s) you select.)

Dollar Amount		**Investment Name**
$ ⌊___⌋,⌊___⌋.⌊__⌋	from	_____
$ ⌊___⌋,⌊___⌋.⌊__⌋	from	_____
$ ⌊___⌋,⌊___⌋.⌊__⌋	from	_____
$ ⌊___⌋,⌊___⌋.⌊__⌋	from	_____
$ ⌊___⌋,⌊___⌋.⌊__⌋	from	_____
$ ⌊___⌋,⌊___⌋.⌊__⌋	from	_____

Your Authorization

I certify that all information on this form is accurate. I also certify that the transfer amount is no greater than my eligible buy back amount as disclosed to me. I have attached a copy of the document verifying the eligible buy back amount.

X _____ *Date* ____/____/____
Participant's signature

Your Employer Authorization *(if required)*

X _____ *Date* ____/____/____
Plan Administrator's or Authorized Plan Representative's signature