

Minneapolis MN 55440 - 1143

The Prudential Insurance Company of America PO BOX 1143 Minneapolis, MN 55440-1143 (800) 286-7745 www.prudential.com

I authorize Prudential to deposit compensation payments directly to the Account named below when appropriate. This authorization shall remain in full force and effect until Prudential has received, and has reasonable opportunity to act upon, the written notification from me of its termination. (Please allow 1-2 pay cycles for processing).

I authorize the Company to adjust this account for any funds erroneously credited by the Company.

	Name:			
Soc	sial Security or Tax Identification Number:			
	•			
	City, State and Zip Code:			
	Bank Branch Number:			
Check One:				
• Checking -	Attach a voided or canceled check indicati name and address (photocopies acceptable		Checking Account Number:	
• Savings -	Attach a deposit slip indicating the bank's address (photocopies acceptable).	name and	Savings	
			Bank Transit Routing Number: (9 -digits)	
Signature:			Date:	
Please return com	apleted form using one of the following:			
Fax: (888)	517 - 8362			
U.S. Mail: The Prudential Insurance Company of America Prudential Brokerage Compensation Port Office Box 1143			Intra - company Mail: Prudential Brokerage Services Division Producer Compensation & Administration	

NCPO

A Prudential business