If you've exhausted all available options for accessing funds from your account, you may qualify for a hardship withdrawal. The plan had adopted the IRS Safe Harbor criteria for determining eligibility. There are six reasons you can qualify under and must be able to provide supporting documentation to be approved. The six reasons are:

- 1. Medical Expenses
- 2. Purchase of a Principal Residence
- 3. Payment of Tuition & Related Fees
- 4. Payments to Prevent Eviction or Foreclosure
- 5. Payment for Burial or Funeral Expenses
- 6. Expenses for the Repair of Damage to your primary residence that qualifies for casualty deduction.

# Important: Your supporting documents must show a need for a minimum of \$1000 in hardship to qualify.

#### To Apply:

You must obtain the Hardship Withdrawal Request Form. You can obtain one by calling Prudential's call center. Customer service representatives can be reached at 1.877.778.2100 Monday- Friday between the hours of 8 A.M. – 9 P.M. EST. Once you obtain the form you can fill it out and submit it back to Prudential along with supporting documentation to the addresses or fax number listed on the form.

**Filling out the Form**: This section you would fill in with all your identifying information. Once filled in, you would select a reason, or reasons for hardship.

<b>D</b> P.	rudential  Hardship Withdrawal Request Form  Metal Lathers Local 46 Annuity Fund
About You	Plan number Sub Plan number  9   4   0   0   0   0   0   0   0   0   1   Metal Lathers Local 46  Social Security number
	Address  City State ZIP code  Date of birth Gender Fax Number  Date of birth Gender Fax Number  Lamber Aday year Farea code  Preferred Email address (how Prudential will contact you, if needed)  Daytime telephone number Mobile telephone number  area code  Notification Preference (how you prefer Prudential to contact you for this request, choose one): Email SMS Text  Please note: If neither email or text are selected (or both), we will default to email if provided.  Please review all the enclosed information before proceeding.  Marital status Married -spousal signature required* Not married
Reason for Hardship Withdrawal (Check all that apply)	I hereby request a Hardship Withdrawal for the following reason(s). I agree to provide the applicable documentation as described in the Hardship Withdrawal Request Required Documentation Instructions.  **Please refer to Important Notice to Participants Taking a Hardship Withdrawal for a definition of dependent in IRC Section 152  Medical/Dental expenses incurred by me, my spouse, or any of my dependents.  Purchase (excluding mortgage payments) of my principal residence.  Payment of tuition for the next 12 months of post-secondary education for me, my spouse, or any of my children, dependents. You are certifying the schools' accreditation by submitting this request.  Payments needed to prevent eviction or imminent mortgage foreclosure from my principal residence.  Payment of burial or funeral expenses for my deceased parent, spouse, child, dependent.  Expenses for the repair of damage to my principal residence that qualifies for a casualty deduction.
	Important: Documentation requirements for your Hardship withdrawal are located in the Hardship Withdrawal Request Required Documentation Instructions at the end of this document. The documents listed must be included with your request.

**Withdrawal Request Amount:** Specify the amount you are requesting (must be at least a minimum of \$1000). Mark off the gross up box if you wish to increase the withdrawal amount to cover federal or state income taxes, penalties and applicable fees.

penaities and	а аррисавие тееs.		
Withdrawal	The disbursement amount will be taken from your account according to the hierarchy determined by your Plan/Program. If the amount requested exceeds your maximum hardship withdrawal amount, you will be paid the maximum amount available.		
Request Amount	Amount: \$A SPECIFIC AMOUNT IS REQUIRED		
(You will	If you would like your hardship withdrawal to include additional amounts necessary to pay anticipated taxes, penalties and applicable fees (this is called a gross-up), check the following box:		
only be approved for	☐ I would like to gross-up my hardship withdrawal		
up to the documented financial need)	By checking this box, I would like to increase the withdrawal amount to cover any federal and state income taxes, penalties & applicable fees that may be reasonably anticipated as a result of this withdrawal.		
	<ul> <li>Your election for Federal &amp; State Income Tax in the following tax sections will be used as the amount of reasonably anticipated taxes in the gross-up calculation</li> </ul>		
	<ul> <li>If applicable, the 10% penalty amount will be added to your withdrawal</li> </ul>		
	<ul> <li>The total maximum allowed to gross-up for federal and state tax is 35%. If you elect more than 35%, we will:</li> </ul>		
	<ul> <li>Gross-up your withdrawal using a default of 35% for federal and state taxes</li> </ul>		
	Withhold the Federal & State Income Tax amount(s) you elect in the following tax sections (green if greater than 3.5%).		

I certify that I have obtained all funds currently available to me from this and any other plan of the Employer. If I have not taken all available In-service withdrawals, Prudential will automatically pay those dollars to me if my plan requires.

- · The In-service portion that is automatically paid will be deducted from the amount requested above
- The In-service withdrawal is subject to 20% federal tax withholding, and any applicable state tax and fees, if applicable
- · The In-service withdrawal is eligible for rollover
- The Qualified Joint Survivor Annuity Notice/Spoual Waiver provided applies to both the In-service and Hardship withdrawals, if applicable

**Election for Withholding of Federal Income Tax:** Select the amount you'd like withheld for federal income tax. You can elect to withhold 10%, an amount greater than 10%, or you can elect to have no federal income tax withheld.

Note: if you opt out of Federal taxes, you will still be responsible for payment of any taxes due.

	Federal	tax laws require us to withhold income taxes from the taxable portion of a qualified retirement plan
Election for Withholding of Federal Income Tax	you elec you elec you elec penaltie	ion. Some states also require withholding from the taxable portion of your distribution if federal tax is withheld. Hardship disbursements are subject to 10% federal income tax withholding, unless to otherwise. You can elect to have no federal income taxes withheld by checking the box below. If tout of withholding, you are still responsible for payment of any taxes due, and you may incurs if your withholding and/or estimated tax payments are not sufficient. If you do not check one of this below, 10% federal income tax withholding will be automatically deducted from your payment.
	1.	I elect to have federal income tax withheld at 10% from the taxable amount of my distribution.
	2.	I elect not to have federal income tax withheld from my distribution.
	3.	I elect to have federal income tax withheld from the taxable amount of my distribution at either the following percentage or dollar amount. The federal withholding calculated from your election below must be at least 10% of the taxable amount of my distribution amount.
		% or \$00

It is our understanding a hardship disbursement is not eligible to be rolled over. All or part of the taxable portion of your hardship disbursement may be subject to an *additional* 10% federal income tax penalty on early distributions, unless you qualify for an exception. Since neither Prudential nor any of its employees, agents or representatives can give legal or tax advice, or financial advice on behalf of your Plan, you are urged to consult your own personal legal, tax and/or financial advisor with any questions on allowances, deductions, or tax credits that may apply to your particular situation before you take any action.

**Election for withholding of State Income Tax:** if you wish to have state taxes withheld, complete this section. If opting out, you may skip this section.

Note: If you opt out of State taxes, you will still be responsible for payment of any taxes due. Also important to note is that some states have mandatory withholding for state taxes.

Election for Withholding of State Income Taxes	A. Mandatory State Withholding: If you reside in a state where state income tax withholding is mandatory AR, CA*, DC (mandatory for total single sum distributions only), DE, IA, KS, MA, MD (mandatory for eligible rollover distributions only, subject to 20% mandatory federal withholding), CT, ME, MI (see below), NC, NE, OK*, OR*, VA or VT* applicable withholding will be deducted automatically, unless an election out is applicable (see below). Note: Some states require withholding if federal income tax is withheld from the distribution. If you are a resident of IA, have federal income taxes withheld, and receive one or more distributions totaling more than \$6,000 in the calendar year, IA income taxes are required to be deducted for the amount over \$6,000.
(For Single Sum Payments and Rollovers of non-Roth money to a Roth IRA)	☐ My resident state is AR, DE, KS, ME, NC, NE, or VA (for NE and VA, election out is allowed for payments from IRA's only) and I do not want state income tax withholding deducted from my distribution. (An election out of AR, DE, KS, ME, NC, or VA state tax is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.) Important note to Maine (ME) residents. If you elect out of ME withholding, you must either have elected out of federal withholding, or have no Maine State tax liability in the prior or current years.
	<sup>®</sup> My resident state is one of the following: CA, OK, OR, **VT and withholding is required if federal income tax is withheld, unless I elect out of state withholding. By checking this box I am electing out of state withholding. **An election out is not allowed for eligible rollover distributions, subject to 20% mandatory federal withholding.
	☐ My resident state is CT and Prudential will withhold 6.99% on your taxable distribution. Please note that if you are not requesting a distribution of your entire account balance and if Form CT-W4P, Withholding Certificate for Pension or Annuity Payments, applies to you, please return Form CT-W4P as part of this distribution form. Form CT-W4P is available on the Department of Revenue Services  (DRS) probeits at your eternibuse.

**Payment Options:** Mark off how you like to receive your withdrawal once it is approved and issued. Regular mail at no charge (3-5 business days), Express Mail for a \$25 fee (1-2 business days), EFT at no charge (2-3 business days, depending on your bank). If you are choosing EFT, please ensure to attach a voided check to your application.

	Please select a payment option below. If no selection is made, a check will be sent via regular mail.
yment otions	Regular Mail Express Mail (The cost is \$25 per check. Prudential will deduct \$25 from your account prior to the distribution.)
, tions	Please Note: Express mail is not available for delivery to post office boxes.
	☐ Electronic Funds Transfer (EFT).  If you would like your disbursement sent to you via EFT, please provide the information below.
	Account Number
	Financial Institution Routing/Transit/ABA Number
	Type of Account (please choose one):
	Checking
	(Must attach a voided check below, or include a letter from your financial institution signed by an authorized representative, with your name, checking account number, and ABA routing number.)
	Savings
	(Must include a letter from your financial institution signed by an authorized representative, with your name, savings account number, and ABA routing number.)
	IMPORTANT: Your EFT payment may result in a check payable to you if:  • Your voided check or financial institution letter is not included  • All of the necessary information is not provided  • This section does not apply to your disbursement request
	Please Tape Voided Check Here (we are not able to accept starter or pre-printed temporary checks):
	JOHN STORE STEAR AND REPORT TO ANY ANY AND ANY
	creatogoses atagenses

**For Married Participants:** If you are married, you must complete this section. Your spouse's signature will need to be done in front of a notary public and said notary will need to attest the form.

*For Married Participants Spousal Waiver (We are unable to accept a fax copy notarized with a raised	I am the participant's spouse. I understand that I am entitled to a spousal death benefit under the Plan based on the participant's account balance at the time of his or her death. I understand that if this spousal benefit is in the form of a "qualified joint and survivor annuity" or QJSA, an explanation of the QJSA and other payment options was provided to the participant with this waiver form. I realize that the participant cannot waive this spousal benefit and obtain a distribution in the form requested or obtain a loan unless I consent. I acknowledge that the transaction requested by the participant may reduce or eliminate any benefit otherwise payable to me. I voluntarily consent to the participant's waiver or loan request and acknowledge that this will authorize the request.  Spouse's signature X Date Date Objects of the participant of the participan				
Seal)	Subscribed and sworn before me this	day of	, the year		
	State of	County of			
	My commission expires			(Seal/Stamp)	
	Notary's signature X				

**Certification of Financial Hardship & Authorization (continued):** Read this section thoroughly. If you agree, please sign and date the form.

of Financial	Consent: By signing below, I consent to allow Prudential Retirement to request and obtain information for the purposes of verifying my eligibility for a financial hardship under this Plan.
Authorization (continued)	If there are investment options available through your retirement account that are subject to the fund's market timing policies, you may be subject to restrictions or incur fees if you engage in excessive trading activity in those investments. You may wish to review the fund prospectus or your retirement account's market timing policy prior to submitting this transaction request. If a fee applies to the transaction, you will be able to view the details after the transaction is processed by logging on to the retirement internet site at <a href="https://www.prudential.com/online/retirement">www.prudential.com/online/retirement</a> .
	X Participant's signature (REQUIRED)

Where to send your application: You can mail or fax in your application to the addresses or fax number listed on the first page of the application.

5. Mail all forms and documentation to:

Regular Mail to: OR Express Mail to: OR Fax to:

Prudential Retirement Prudential Retirement 1-866-439-8602

PO Box 5410 30 Scranton Office Park Scranton, PA 18505-5410 Scranton, PA 18507-1789

## **General Timing for Processing:**

Once we receive your completed application with supporting documentation, our Hardship processors will begin review. Generally, it can take 1-2 business days to confirm your supporting documents are in good order. However, funds cannot be released any sooner than 8 days after you sign off on the application due to the Qualified Joint and Survivor Annuity rules of the plan.

## **Supporting Documentation:**

To approve your hardship withdrawal, the IRS mandates that you provide supporting documentation. Below are all the supporting documents you will need to submit based on the hardship reason.

# **Medical & Dental Expenses**

	Documentati	on Requirements	
You must submit copies of A			your request will not be approved
Medical / Dental Expenses:	Collection Bill / Cour	t Order:	Future Treatment Plan:
Copy of unpaid medical/dental bill that includes ALL of the following:  • Statement date within the last 60 days • Name of the medical/dental provider • Patient name (if you are not the patient, proof of dependency is required, see into below) ** • Date(s) of service • Total charges • Total amount due after insurance is applied  Proof of insurance by one of the following: • Insurance information listed on the itemized medical/dental bill • Explanation of Benefits (EOB) • If you have no insurance, you must submit a signed self-certified letter stating you did not have insurance at the time of service and the services were not for cosmetic reasons.  Note:  An Explanation of Benefits (EOB) is not considered a bill  A *balance forward* does not qualify without an itemization of charges	Copy of the unpair order that includes Statement date w Medical/dental pr Total amount due Itemized bill from the provider that include Patient name (if yn proof of dependency below) ** Date(s) of service Total charges Proof of insurance Insurance informative itemized medical/ Explanation of Be If you have no ins submit a signed s stating you did not time of service an for cosmetic reass Note: Must be able to match	di collection bill/ court the following: ithin the last 60 days ovider's name e the medical/dental les the following: ou are not the patient, y is required, see info  by one of the following: ation listed on the dental bill nefits (EOB) urance, you must elf-certified letter t have insurance at the d the services were not ons.	Copy of a treatment plan on the medical/dental provider's letterhead that includes ALL of the following:  Statement date within the last 60 days Name of the medical/dental provider Patient name (if you are not the patient, proof of dependency is required, see info below) ** Total amount of the procedure Estimated amount insurance will cover Amount due by patient after insurance portion is paid A statement specifying "the payment is due at time of service" Signature and title from a medical/dental provider representative
Long Term Care Services: Services which include necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services & maintenance of personal care services. To qualify, these services must be required by a chronically ill individual & provided under a plan prescribed by a licensed health care practitioner.  Copy of the unpaid bill on the medical provider's letterhead that must include: Statement date within the last 60 days Patient name (if you are not the patient, proof of dependency is required, see into below) ** Total amount due after insurance is applied By submission of these documents I am certifying that these long term care services qualify under IRC section 7702(B)(b) Copy of the contract referring to long term care services  I am requesting this amount due to my (please check one, complete as necessary):  "You must include the required documents for proof of dependency if not for your own expenses  Own medical/dental expenses Spouse's medical/dental expenses (1rd page of your most recent 1040 US income tax return required) Dependent's medical/dental expenses (Your child's birth/adoption certificate or the 1rd page of your most recent 1040 US income tax return is required Dependent Name  Relationship to you  I services:  Insurance Premiums for Medical Expenses or Premiums for Long Term Care Services:  Copy of the unpaid bill for premiums on the insurance company's letterhead, that must include:  Statement date within the last 60 days  Your name listed as the policy holder (if your name is not listed, proof of dependency is required, see info below) **  Premium amount (Exc monthly, quarterly, etc.)  Total amount due now  By submission of these documents I am certifying that these insurance premiums qualify under IRC section 213(d)(1)(D)  Documentation from the insurance company identifying the individuals covered. (Exc Policy coverage sheet, health card, etc.)			

Documentation Requirements  You must submit copies of <u>ALL</u> documentation requirements below or your request will not be approved
· —
Purchase of Principal Residence or Construction of Principal Residence (if you are using a general contractor):
Complete copy of the purchase contract to build or purchase your principal residence, including addendums. This documentation must include ALL of the following:
<ul> <li>Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)</li> </ul>
<ul> <li>Complete street address of the property being purchased or built</li> <li>Total purchase price (must match purchase price on the mortgage loan, if applicable)</li> </ul>
Signature from <b>both</b> the buyer and the seller
<ul> <li>Future closing/settlement date (not to exceed 6 months from the request date for a purchase or 1 year for construction)</li> <li>Must specify whether the purchase is:</li> </ul>
A cash sale, or
Not contingent upon financing, or     Continuent upon financing, or
Contingent upon financing (if contingent upon financing, see letters a & b below)
Note: The purchase of land does not qualify unless building a home or moving a mobile home on to the property at the time of purchase.
If you are obtaining a loan to purchase your home, you MUST provide documentation from your lender verifying the funds
needed to close.  a) We can accept ONE of the following documents from your lender:
<ul> <li>Typed (URLA) Uniform Residential Loan Application, including your dated signature under the "Acknowledgement and Agreement"</li> </ul>
section.
Closing Disclosure, including your dated signature.  Path the Leas Estimate AND the appropriated "Asian and demonst of Intent to Present II including your dated signature on both."
<ul> <li>Both the Loan Estimate <u>AND</u> the completed "Acknowledgment of Intent to Proceed," including your dated signature on both documents.</li> </ul>
<ul> <li>Letter from your lender on their letterhead. The letter must be signed, titled &amp; dated by a representative at the lender's office.</li> </ul>
b) The above document must be dated within the last 60 days and list ALL of the following:
<ul> <li>Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)</li> </ul>
Property address (must match the purchase contract)
Purchase price (must match the purchase contract)     The estimated funds needed to close or the cash from borrower
Construction of a Principal Residence (if you are the general contractor):
<ul> <li>Verification you already own the land on which the home is being built. We can accept:</li> <li>Copy of the deed listing the physical property address</li> </ul>
Copy of the complete purchase agreement indicating you are going to purchase the land
☐ Signed estimates from the vendor(s)
<ul> <li>If you are using sub-contractors for any of the construction, we will require signed estimates on the sub-contractor's letterhead, dated within 60 days</li> </ul>
☐ Building permits on business letterhead for the company and/or township
Detailed specifications of the proposed dwelling (blueprint) if you have obtained one
A signed letter from you stating your intent to construct. The letter must include <b>ALL</b> of the following:
Total construction price that includes an itemization of the materials needed
<ul> <li>Address where the home is being constructed</li> <li>Closing date or settlement of completion date (must be within one year of your request)</li> </ul>
Must specify whether the construction is:
<ul> <li>A cash sale, or</li> <li>Not contingent upon financing, or</li> </ul>
Contingent upon financing (if contingent upon financing, see letters a & b in the section above)

Documentation I	
You must submit copies of <u>ALL</u> documentation requir	
If an online screen print is provided for your education expenses, the web page a	ddress must be visible on the page for the information to be considered valid.
Tuition Expenses: Current tuition expenses that are due now, for up to the next 12 months of post-secondary education.  Copy of the unpaid tuition bill or signed letter from the school (on school's letterhead), that includes ALL of the following:  Statement date within the last 60 days  Name of the school  Student's name (if you are not the student, proof of relationship is required, see info below) **  Term for which the expenses are incurred (i.e. Spring 2016)  Including a term start AND end date (end date must be a future date)  Breakdown of the tuition charges  Total amount due now (if bill contains financial aid/student loans, you must show the total due after aid is applied)  Note:  Invoice cannot be for "estimated" costs.  Expenses for prior terms/semesters are not an eligible hardship withdrawal reason.  Cost of Attendance and Financial Aid Award Letters are not considered an invoice.  Payment of textbooks and/or school loan repayments are not considered educational expenses.	Housing Fees: Off Campus Housing  Proof of attendance at a post-secondary school verifying the term/semester the student is enrolled in  Copy of the complete lease agreement that includes ALL of the following:  Name of the housing provider Student's name as a tenant Total amount due Term of the lease (start & end dates) Signature from both parties (lessee & lessor)  Note:  We will only approve for the months the student is enrolled in classes for all housing fees.  If multiple tenants are listed, the total rent will be divided equally amongst tenants.
Housing Fees (Dormitory) & Meal Expenses:  These expenses must be listed on a current dated unpaid tuition bill, or a document from the school (on their letterhead), that includes ALL of the information listed above.	
I am requesting this amount due to my (please check one, complete as no "You must include the required documents for proof of relationship  Own education expenses  Spouse's educational expenses (1st page of your most recent 1040 US  Child's educational expenses (1st page of your most recent 1040 US  Dependent's educational expenses (1st page of your most recent 1040 US  Student's Name	p/dependency if not for your own expenses:  US income tax return or marriage certificate required)  S income tax return or birth/adoption certificate required)

Desumentation	a Description of the Control of the
	on Requirements uirements below or your request will not be approved
Imminent Foreclosure- Mortgage loan, home equity loan, homeowner's association fees or maintenance fees:  Copy of the foreclosure notice on financial institution's letterhead or a Court Order that must include ALL of the following:  Foreclosure notice/Court Order dated within the last 60 days  Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)  Statement that you are in a foreclosure proceeding or judgment  Property address (if address on documentation does not match address on file with Prudential, see info below) **  Total amount due to prevent foreclosure (specific months for which the payment is due may be required)  Future date that the mortgage payment(s) is/are due to prevent imminent foreclosure  Note:  A foreclosure notice that lists the following verbiage does not qualify: may or could foreclose, loan may be accelerated, reinstate your loan, etc.	Imminent Foreclosure- Delinquent property taxes:  Copy of delinquent property taxes due on the county tax office's letterhead that must include ALL of the following: Notice dated within the last 60 days Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate) Statement that you are in foreclosure or sale of property will occur Property address (if address on documentation does not match address on file with Prudential, see info below) ** Total amount due to prevent the foreclosure/sale of property Future date that the delinquent property taxes are due to prevent foreclosure/sale
Imminent Foreclosure- Chapter 7 or Chapter 13 Bankruptcy:  Foreclosure documentation (as stated above)  Granted Relief from Automatic Stay from the bankruptcy court, signed by the judge	Imminent Foreclosure-Land Contract/Installment Agreement:   Copy of the original contract/agreement, listing ALL of the following:   Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)   Property address   Payment schedule   Signature from both the buyer and the seller   Letter from the seller listing ALL of the following:   Letter dated within the last 60 days   Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)   Property address   Total amount due to prevent imminent foreclosure   Future due date this amount must be paid by   Signature from the seller
Eviction:  Copy of the eviction notice or court document that must include ALL of Eviction notice/court document dated within the last 60 days Your first and last name (or the address facing eviction must mate Property address (if address on documentation does not match address Total amount due to prevent eviction Future date that the rent is due by in order to prevent eviction Specific month(s) for which the rent/payment is due Landlord's contact information (phone number and/or address) Landlord's signature and TITLE (Ex: landlord, property manager	tch your address we have on record) ass on file with Prudential, see info below) **  , homeowner, etc.)
provide ONE of the following as proof of your principal residence:  Copy of your valid driver's license showing your principal residence Copy of any bill (dated within the last 60 days) showing your principal copy of any bill (dated within the last 60 days).	

Documentation Requirements
You must submit copies of ALL documentation requirements below or your request will not be approved
Funeral Expenses:
Copy of the unpaid bill on the company's letterhead (ex: funeral home, floral shop, casket retailer, etc.)  • Statement date within the last 60 days  • Name of the company  • Name of the decedent  • Total amount due  • Indicate that you are responsible for payment (if your spouse's name is listed, proof of relationship is required, ex: marriage certificate)
Proof of Death. We can accept one of the following documents:              Copy of the death certificate             Letter from the hospital or funeral home on their business letterhead. The letter must be signed & titled by a representative at the facility             Report of death from the funeral home             Copy of the obituary
Proof of Relationship to the decedent. We can accept the following documentation:  Copy of your birth/adoption certificate, listing the decedent as your parent  First page of your most recent 1040 US income tax return, listing the decedent as a dependent  Copy of your marriage certificate, listing the decedent's name as your spouse  Copy of the decedent's birth/adoption certificate, listing you as a parent  Copy of the death certificate identifying your relationship
Decedent's Name Relationship to you

Documentation Requirements
You must submit copies of <u>ALL</u> documentation requirements below or your request will not be approved
Copies of unpaid invoices and/or contracts that must include ALL of the following:  Invoice and/or contract date within the last 60 days  Name of the contractor or company  Your first and last name (if this is in your spouse's name, proof of relationship is required, ex: marriage certificate)  Property address (if address on documentation does not match address on file with Prudential, see info below) **  Itemization of the repair(s)  Total amount due
Note: We CANNOT accept an estimate of these charges
Evidence of the Casualty (damage caused by progressive deterioration does not qualify). Please submit:     Pictures and/or newspaper article as evidence     A signed letter from you detailing the casualty event that caused the loss, the date of loss (must have occurred within the last 12 months) and include the property address that sustained the loss
Note: The damage must have occurred to your principal residence (home). Damage to furniture, personal belongings, outbuildings/sheds, etc. do not qualify.
Copy of the insurance claim from your insurance company verifying what portion, if any, is covered by insurance (Please note: Damages caused by progressive deterioration do not qualify)  If you do not have homeowner's insurance, you must submit a self-certification letter stating that you did not have insurance at the time of the loss. The letter must be signed by you.
**If your address on file with Prudential does not match the address of your principal residence listed on the invoices, please provide ONE of the following as proof of your principal residence:  Copy of your valid driver's license showing your principal residence Copy of any bill (dated within the last 60 days) showing your principal residence
I am requesting this amount because of damages that were caused to my principal residence due to:  Fire Storm (including but not limited to hurricanes, tornadoes, heavy snow, ice, heavy rain, and flooding) Shipwreck Theft

If you have any questions when completing this application form, you can contact a Prudential customer service associate by calling our toll-free number: 1.877.778.2100. Representatives are available Monday – Friday between the hours of 8 AM – 9 PM eastern standard time.