

Prudential Mutual Fund Services LLC (PMFS)
a Prudential Financial company

For assistance:
 Clients (800) 225-1852
 Pruco Financial Professionals (800) 542-7117
 Financial Professionals (888) 778-5471

Instructions Use this form if you are re-registering your non-IRA mutual fund account. In cases of death, an Inheritance Tax Waiver may also be required, depending on the decedent's state of residence. This form cannot be used to transfer shares from or to a qualified, employer sponsored retirement plan, tax-deferred retirement plan or account.

Please print clearly, preferably in capital letters and black ink. Return completed application to Prudential Mutual Fund Services LLC.

USA Patriot Act requirements – To help the government fight the funding of terrorism and money laundering activities, Prudential Financial is required to obtain, verify, and record information on each person who opens an account.

Please be sure to review the Privacy Policy at the end of this form.

Important – The following information is required for each person associated with the account:

- Name
- Date of birth
- Residence address (may not be a PO Box)
- Taxpayer identification number (SSN or EIN)

If this information is not provided, we will be unable to open the account. If we are unable to verify your identity, Prudential Financial reserves the right to close your account or take other steps we deem reasonable.

Mailing Instructions	Standard	Prudential Mutual Fund Services LLC	Overnight	Prudential Mutual Fund Services LLC
	mail to:	PO Box 9658 Providence, RI 02940	mail to:	4400 Computer Drive Westborough, MA 01581

1 Existing Account Information (Print account information exactly as it appears on your account statement.)

For joint tenancy, custodianship, trust or other forms of legal registration, use all lines, if needed.

Name of owner *(first, middle initial, last name)*

Street Apt.

City State ZIP code

Home telephone number Daytime telephone number Extension

E-mail address *(optional)*

2 Re-registration Information

Transfer shares from the below referenced fund and account number(s) into a new account registered according to the instructions in section 3.

Fund	Account Number	Check one:	<input type="checkbox"/> all shares	<input type="checkbox"/> _____ shares
			<input type="checkbox"/> _____%	<input type="checkbox"/> \$ _____
Fund	Account Number	Check one:	<input type="checkbox"/> all shares	<input type="checkbox"/> _____ shares
			<input type="checkbox"/> _____%	<input type="checkbox"/> \$ _____

Are the shares being transferred due a gift? Yes No

Are the shares being transferred due to the death of the account owner(s)? Yes No

If yes, provide the date of death here _____

3 New

Account

Registration Information

(Please choose one type.)

If you choose Individual, Joint, or Uniform Gifts/Transfers to Minors Act, complete the appropriate section below and then go to section 4.

Individual

Joint (If more than one owner, "joint tenants with rights of survivorship" is assumed unless otherwise specified.)

Owner: First name

MI

Last name

Social Security number (required for tax reporting)

Joint Owner: First name

MI

Last name

Additional Owners

If there are more than two account owners, include the information for each account owner on a separate sheet using the same format as in section 3.

Transfer on Death

For individual accounts only, you may choose to designate a beneficiary under a Transfer on Death (TOD) Plan. To setup as part of your new account, complete the Transfer on Death (TOD) Form (PMFS296).

Uniform Gifts/Transfer to Minors Act

Minor's Social Security number _____

Custodian's Social Security number _____

Name of custodian (first, middle initial, last name)

Name of minor (first, middle initial, last name)

State in which gift/transfer was made

Trust – We require that you include a copy of the pages in your trust agreement that show the name of the trust, the trust date, and a listing of all trustees and their signatures. Provide trustee name(s) in section 5.

Name of trust as it appears on trust document

Social Security number* **or** EIN

Date of trust (mo., day, year)

Is it tax exempt?

Yes No

For the benefit of*

*If you provide a Social Security number, you must also provide the name of the beneficial owner.

Complete section 4. Skip section 5.

Institutional Investor, Corporation, or Other Entity

Important Message About Institutional Investor, Corporation, and Other Entity Accounts. You are required to submit certified copies of organization documents, as applicable, in order to establish your account. Such documentation is required by PMFS to verify the identity of the entity.

Type of entity

Partnership Sole proprietorship Bank Estate C Corporation S Corporation

Limited Liability Company (if you checked this box, please indicate the U.S. federal income tax classification of the LLC below.)

C Corporation S Corporation Partnership Other _____

Name of entity

Employer identification number **OR** Social Security number*

Is it tax exempt?

Yes No

*A Social Security number would only be used if sole proprietorship is selected.

4 New

Account Mailing Address

(Should be main address on the account.)

Street Apt.

 City State ZIP code
 _____-_____
 Name of additional contact person

 Additional contact person's telephone number Extension
 _____-_____

5 New

Primary Account Owner Information

(This section should be completed by a primary account owner on an individual, joint, or Uniform Gifts/Transfers to Minors Act account.)

The information below must be the same as in section 3 of the **New Account Registration Information** section.
Name

Residence or legal address *(if different than mailing address)*
 Street

 City State ZIP code
 _____-_____
 Home telephone number Daytime telephone number Extension
 _____-_____ - _____
 Date of birth *(mo., day, year)* _____

Citizenship
 U.S. person I am not a U.S. person (including resident alien). I am a citizen of
 Resident alien _____

**Nonresident aliens must attach the applicable Internal Revenue Service (IRS) Form W-8(BEN, ECI, EXP, IMY), which can be obtained at www.irs.gov. Also, nonresident aliens must cross out item 3 in section 17.*

Employment Status Employed Unemployed Retired Prudential employee
 Occupation Name of employer

 Employer address

 City State ZIP code 4-digit ext.
 _____-_____
 Employer telephone number Extension
 _____-_____

Highest education level achieved
 Post graduate work College graduate Attended college
 High school graduate Attended primary/high school Technical or vocational school
Associated member of a broker/dealer Yes No

**6 First
Additional
Account
Owner
Information**

*(This section
should be
completed by
joint owner,
trustee,
administrator/
executor,
appointee
under POA,
conservator/
guardian,
custodian, or
other.)*

I am a(n):

- Joint owner Trustee Administrator/Executor Appointee under POA
 Conservator/Guardian Custodian Other

Name

Social Security number or Tax identification number _____

Residence or legal address *(if different than mailing address above)*

Street

City

State

ZIP code

_____ - _____

Home telephone number

Daytime telephone number

Extension

_____ - _____ - _____

Date of birth *(mo., day, year)*

Citizenship

- U.S. person I am not a U.S. person (including resident alien). I am a citizen of
 Resident alien _____

**Nonresident aliens must attach the applicable Internal Revenue Service (IRS) Form W-8(BEN, ECI, EXP, IMY), which can be obtained at www.irs.gov. Also, nonresident aliens must cross out item 3 in section 17.*

Employment Status Employed Unemployed Retired Prudential employee

Occupation

Name of employer

Employer address

City

State

ZIP code

4-digit ext.

_____ - _____

Employer telephone number

Extension

_____ - _____

Highest education level achieved

- Post graduate work College graduate Attended college
 High school graduate Attended primary/high school Technical or vocational school

Associated member of a broker/dealer Yes No

**7 New
Second
Additional
Account
Owner
Information**

(This section should be completed only if there is a third joint owner or co-trustee.)

I am a(n):

Joint owner Trustee

Name

Social Security number or Tax identification number _____

Residence or legal address (if different than mailing address)

Street

City

State

ZIP code

_____ - _____

Home telephone number

Daytime telephone number

Extension

_____-_____-_____ - _____

Date of birth (mo., day, year)

Citizenship

U.S. person I am not a U.S. person (including resident alien). I am a citizen of

Resident alien

**Nonresident aliens must attach the applicable Internal Revenue Service (IRS) Form W-8(BEN, ECI, EXP, IMY), which can be obtained at www.irs.gov. Also, nonresident aliens must cross out item 3 in section 17.*

Employment Status Employed Unemployed Retired Prudential employee

Occupation

Name of employer

Employer address

City

State

ZIP code

4-digit ext.

_____ - _____

Employer telephone number

Extension

_____-_____-_____ - _____

Highest education level achieved

Post graduate work

College graduate

Attended college

High school graduate

Attended primary/high school

Technical or vocational school

Associated member of a broker/dealer

Yes

No

8 Rights of Accumulation

Check here if establishing the Rights of Accumulation privilege. Please refer to the Fund’s prospectus and Statement of Additional Information to learn more about accounts that may be eligible for this privilege. If you would like to link any eligible accounts, please indicate the account numbers below. *Note: You can only link accounts that are held directly with the Transfer Agent.*

Account number	Account owner name	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

9 Dividend and Capital Gain Distribution Options

Please note distributions of dividends or capital gains of \$10.00 or less will not be paid out in cash, but will be automatically reinvested into your account to purchase additional shares at Net Asset Value (NAV), without any sales charge.

Dividends:

Reinvest in shares Pay in cash Send electronically to the bank specified in section 12.

Capital gains:

Reinvest in shares Pay in cash Send electronically to the bank specified in section 12.

10 Telephone/Online Exchange and Redemption Option

Your account will automatically be coded with the Telephone/Online Redemption and the Telephone/Online Exchange Privileges, unless you check the “No” box below.

I do **not** want telephone exchange and redemption privileges.

Unless otherwise indicated above, you authorize the Fund’s distributor, Prudential Investment Management Services LLC (PIMS), to accept telephone exchange and redemption instructions from any person identifying himself/herself as the owner of the account or as the owner’s dealer representative conveying instructions of the owner. PIMS and/or the Fund’s transfer agent, Prudential Mutual Fund Services LLC (PMFS), will employ reasonable procedures to confirm that such telephone instructions are genuine. Neither the Funds, PIMS nor PMFS shall be liable for any losses due to unauthorized or fraudulent instructions provided that such procedures are followed. Telephone exchanges and redemptions are subject to the procedures and conditions set forth in each Fund’s prospectus.

11 Purchase Privileges

(Please complete section 12 and attach a voided check.)

Please select one or both of the options below.

Automated Clearing House (ACH) Purchase Plan: *Check here if you want the capability to purchase online or by telephone upon demand from your bank account.*

Select one option: Add AIP Change AIP

Frequency *(The minimum investment amount is \$50 per fund.):*

Weekly on _____ *(enter day of week e.g. Monday)*

Monthly on the _____ *(enter a day of the month e.g. 15th)*

Starting date* *(mo., day, year):*

**If a specific day of the month is not listed, debits will be made on or about the 15th of the month.*

Fund name	Share class	Fund number	Periodic purchase amount
_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
_____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Total periodic debit amount			\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

12 Bank of Record

At least one owner's name must be listed on both the mutual fund account and the bank account that will be debited.

Bank/Credit union name

Bank telephone number _____ Bank routing number _____ Bank account number _____

*To ensure accuracy, verify with your bank or credit union. Bank type:
 Name of depositor on bank records (first, middle initial, last name) Checking Savings

Name of joint depositor on bank records (first, middle initial, last name)

Attach voided check here. ➔

Check no. 1234

Name on bank account
 Street address
 City, State ZIP

DATE _____

PAY TO THE ORDER OF _____ \$ _____
 _____ DOLLARS

FOR _____

⑆ 123456789 ⑆ 555555 ⑆ 55555 ⑆ 1234

➔ ABA number (9 digits) — ➔ Bank account number _____

13 e-Delivery and Mailing Preferences*

Consider our e-Delivery service as your preferred delivery option. It is a fast, easy, and secure way to get account information at any time. It is environmentally friendly by reducing paper and ink use. If you elect e-Delivery, you will receive an email informing you when your account documents become available and instructions on how to view them online. *Note: Certain entity and institutional accounts are not eligible for e-Delivery.*



FEE WAIVER: By selecting the four e-delivery options marked with asterisk (*) below and completing the enrollment in e-delivery, your account will qualify for a waiver of the \$15 account maintenance fee that is assessed annually on each fund balance under \$10,000.

Document Type	Delivery Preference	
Prospectuses, Shareholder Reports, and Proxy Mailings	<input type="checkbox"/> e-Delivery*	<input type="checkbox"/> U.S. mail
Quarterly Statements	<input type="checkbox"/> e-Delivery*	<input type="checkbox"/> U.S. mail
Year-end Statements and Privacy Notice	<input type="checkbox"/> e-Delivery*	<input type="checkbox"/> U.S. mail
Confirmations	<input type="checkbox"/> e-Delivery*	<input type="checkbox"/> U.S. mail
Tax Forms	After account setup, log in online to elect the tax form e-delivery option.	

E-mail address for e-Delivery—required only if e-Delivery is selected above. _____

By enrolling for e-Delivery, you consent to receive electronic versions instead of paper copies of materials for your mutual fund accounts. Once your account is established, visit www.pgiminvestments.com/myaccess to enroll your account online. PMFS will only use your email address to provide you with the material you requested or to send important news about your account.

Note: All documents will be sent to you by U.S. Mail if you do not select a delivery preference.

14 Cost Basis Election

If you have previously elected a cost basis method, that method will be used to deplete the tax lot(s) on your existing account at the time of transfer. If you have not elected a cost basis method, PMFS' default cost basis method is **Average Cost for most Prudential mutual funds and it is First In First Out (FIFO) for the Prudential Jennison MLP Fund**, this method will be used to process the transfer if the shares are acquired on or after January 1, 2012.

If you are transferring the shares due to a gift, the date your transfer is processed will be used as the date of the gift on our records. Please also keep in mind that we are unable to make any gift tax adjustments to the cost basis for shares that are transferred due to a gift.

Please provide the cost basis calculation method for the **new account**, if applicable, for shares acquired on or after January 1, 2012 that are being re-registered. **You will only need to complete this section if you would like to select a different cost basis method than PMFS' default method, PMFS default method is Average Cost for most Prudential mutual funds and it is First In First Out (FIFO) for the Prudential Jennison MLP Fund. If you accept PMFS' default method for your taxable transactions on shares acquired on or after January 1, 2012, then you can skip this section.** Under current IRS regulations, you have up to the date of the first redemption of shares acquired on or after January 1, 2012 to change your election.

Money market funds are excluded from cost basis reporting requirements.

Please consult your tax professional to determine which cost basis method is best for your personal tax situation. For additional information on cost basis regulations, please visit our Tax Center at www.prudentialfunds.com/taxcenter. You should also refer to IRS Publication 550, Investment Income and Expenses, which can be accessed at www.irs.gov.

Establish the following cost basis method on all funds in my new account referenced in section 3. Check only **one** method from the list below.*

- Average Cost** - Under this method, we use the average basis of all shares owned at the time of redemption, regardless of how long you owned them. To determine the holding period, the shares sold are considered to be those acquired first.
- First In First Out (FIFO)** - The earliest shares acquired will be redeemed first.
- Last In First Out (LIFO)** - The most recent shares acquired will be redeemed first.
- Highest Cost In, First Out (HIFO)** - The highest cost shares will be redeemed first.
- Highest Cost Long-Term In, First Out (HILT)** - The long-term highest cost shares will be redeemed first.
- Highest Cost Short-Term In, First Out (HIST)** - The short-term highest cost shares will be redeemed first.
- Lowest Cost In, First Out (LOFO)** - The lowest cost shares will be redeemed first.
- Lowest Cost Long-Term In, First Out (LILT)** - The long-term lowest cost shares will be redeemed first.
- Lowest Cost Short-Term In, First Out (LIST)** - The short-term lowest cost shares will be redeemed first.

Note: The **Specific Lot Depletion Method (SLDM)** may also be used as a cost basis method. This method allows shareholders to choose which tax lots they are selling, thereby giving the shareholder more control over whether they will generate a gain or loss on the transaction. Shareholders must specify the particular lots to be sold no later than the settlement date of the redemption. The gain or loss will vary, depending on which shares they choose. This method cannot be pre-selected as a default method on your account. Also, this method cannot be selected for systematic transactions such as Systematic Withdrawal Plans (SWPs), systematic exchanges, and exchange rebalancing among multiple funds.

If you would like to select a different cost basis method for each fund in your new account, please provide that information on a separate sheet with the date and your signature.

* For the Prudential Jennison MLP Fund, the only allowable cost basis methods are FIFO, LIFO and SLDM.

15 Trusted Contact/Designated Representative

Provide information about the person you designate to receive the applicable notice(s) or be contacted on your account. For more information please refer to the 'How to Name a Trusted Contact/Designated Representative' document attached to the end of this application.

By completing this section and signing this application, I hereby authorize PMFS to register a trusted contact/designated representative on my account. I understand that I may revoke this authorization at any time by providing written instructions to PMFS.

First name

Middle initial

Last name

Street address

City

State

Zip code

Home phone

Mobile phone

Email address

16 New
Account
Owner(s)
Investment
Profile

Complete this entire section only if you are a customer of a PMFS registered representative of Pruco Securities. This section helps determine whether the investments you have selected are appropriate, given your financial objectives.

- **Annual Income.** Owner's income from all sources, before taxes.
- **Household Income.** Income from all sources, before taxes, from all members of the household contributing income.
- **Net Worth.** The value of your assets minus liabilities. For an individual it would be the total value of existing assets, such as stocks, bonds, bank accounts, mutual funds, life insurance cash value, annuities, real estate, and other investments minus all outstanding liabilities, such as mortgages, loans, taxes and credit card balances.
- **Liquid Net Worth.** That part of a person's net worth held in cash or easily convertible to cash, such as money market fund shares, bank deposits, mutual funds or other marketable securities.

Risk Tolerance

Your risk tolerance is your comfort level to withstand risk with respect to investments (e.g., the potential to absorb losses in your investments). For example, an investor whose risk tolerance is conservative seeks securities that are most likely to preserve principal with low risk, while an investor with an aggressive risk tolerance is willing to accept a high degree of risk regarding loss of principal.

- **Conservative.** Prefer little risk and low volatility in return for accepting potentially lower returns. Minimizing exposure of principal to loss or fluctuation is very important.
- **Moderately Conservative.** Willing to take some risk to seek enhanced returns. Reduced exposure of principal to loss or fluctuation is important.
- **Moderate.** Willing to assume an average amount of market risk and volatility or loss of principal to achieve potentially higher returns.
- **Moderately Aggressive.** Willing to assume an above-average amount of risk and volatility or loss of principal to take advantage of potentially higher return opportunities.
- **Aggressive.** Willing to sustain substantial volatility or loss of principal and assume a high level of risk in pursuing potentially higher returns.

Investment Objectives

Your investment objective is how you seek to have your investments achieve your financial goals. For example, a person who chooses growth as a primary investment objective is seeking growth of principal rather than generation of income.

- **Preservation of Capital.** Seeks to preserve the value of your investments through all market conditions with a preference for holding cash and/or cash equivalents (e.g., money market funds, CDs, Treasury securities with maturities of one year or less).
- **Income.** Seeks to earn income through holdings of bonds and/or income-yielding securities.
- **Tax-Free Income.** Predominantly seeks to earn income free from income taxes.
- **Growth.** Seeks to achieve growth of capital through investment in securities.
- **Short-Term Gain.** Emphasis on short-term trading practices to capitalize on market fluctuations. This objective is associated with higher-than-normal market risk.
- **Speculation.** Emphasis on aggressive investments that assume above-average market risk with hope of achieving commensurate gains.
- **Diversified.** Investment options selected conform with recommendations of company-approved Asset Allocation Model.

(continued)

16 New

Account Owner(s) Investment Profile
(continued)

Ranges	Annual income	Household income	Net worth	Liquid net worth
Up to \$24,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$25,000 – \$49,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$50,000 – \$74,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$75,000 – \$99,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$100,000 – \$149,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$150,000 – \$249,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$250,000 – \$499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$500,000 – \$749,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$750,000 – \$999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$1,000,000 – \$2,499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$2,500,000 – \$4,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$5,000,000 – \$9,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$10,000,000 – \$24,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$25,000,000 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are your monthly expenses (e.g. food, medical expenses, rent/mortgage, revolving debt, property taxes, transportation, utilities, entertainment and other recurring living expenses): \$ _____

Federal Tax Bracket: 15% or less 25% 28% 33% 35%

Investment Time Horizon *(Indicate the number of years you intend to hold your mutual fund account.)*

0-3 Years 4-7 Years More Than 7 Years

Years of Investment Experience *(Indicate number of years of experience in any of the following that apply.)*

Equities _____ Bonds _____ Options _____
 Futures _____ Mutual Funds _____ Variable Annuity/Life _____ None _____

Fund Holding Years *(Indicate number of years you intend to hold your mutual fund.)* _____

(continued)

16 Investment Profile
(continued)

Were the mutual fund selections based on an investment allocation pursuant to a company-approved asset allocation model?

- Yes No

Risk Tolerance

Check one:

- Conservative Moderately conservative Moderate
 Moderately aggressive Aggressive

Investment Objective(s)

Select up to two objectives. Indicate your primary investment objective below by checking the appropriate box in the Primary Investment Objective column. *Note: a primary investment objective must be selected.* An optional secondary investment objective may be selected by checking the appropriate box in the Secondary Investment Objective column.

Primary Investment Objective

- Preservation of capital
 Income
 Tax-free income
 Growth
 Short-term gain
 Speculation
 Diversified

Secondary Investment Objective (optional)

- Preservation of Capital
 Income
 Tax-free income
 Growth
 Short-term gain
 Speculation
 Diversified

Investment Funding

I will pay for my initial investment through my

- CDs/Liquid assets savings Mutual funds Annuities
 Life insurance (If selected, please specify death proceeds, dividends, cash value, etc.) _____
 Other _____

Tentatively, I plan on making additional investments. During the first year, my total additional first year investments planned are \$ _____

I will pay for these additional first year investments through my

- CDs/Liquid assets savings Mutual funds Annuities
 Life insurance (If selected, please specify death proceeds, dividends, cash value, etc.) _____
 Other _____

17 Current Account Owner(s) Authorization and Signature Guarantee

A medallion signature guarantee is required if the dollar value of the shares that you are re-registering is over \$10,000. If the re-registration of shares is on a Uniform Gifts/Transfer to Minors Act (UGMA/UTMA) Account or due to the death of an account owner, you are required to have your signature medallion signature guaranteed regardless of the dollar amount.

The medallion signature guarantee may be obtained from an authorized officer from a bank, broker, dealer, securities exchange or association, clearing agency, savings association, or credit union that is participating in one of the recognized medallion programs (STAMP, SEMP, or NYSE MSP). The medallion signature guarantee must be appropriate for the dollar amount of the transaction. Prudential Mutual Fund Services LLC reserves the right to reject transactions where the value of the transaction exceeds the value of the surety coverage indicated on the medallion imprint.

PMFS is authorized to re-register my mutual fund shares in accordance with the instructions contained herein. **Note:** The new account owner(s) must sign in section 17 to certify their tax identification number.

X _____
Signature of current account owner

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
month day year

X _____
Signature of current joint account owner (if applicable)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
month day year

X _____
Authorized signature (e.g. trustee), if applicable

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
month day year

Important: If you are acting on behalf of the account owner, please indicate the capacity in which you are acting by checking the appropriate box below. If the correct box is not listed, please check "Other" and specify your capacity. Note, a medallion signature guarantee may be required, contact us with questions.

- Administrator / Executor
- Appointee under POA
- Conservator / Guardian
- Custodian
- Former Minor
- Surviving Joint Owner
- Trustee
- Other, please specify _____

Place medallion signature guarantee here

18 New Account Owner(s) Signature(s) and Tax Certification

The undersigned warrants that I have full authority and, if a natural person, I am of legal age to own and purchase shares pursuant to this form. Further, I acknowledge receipt of the Prospectus(es) for the mutual fund(s) referenced herein, and I agree to its/their terms.

For the purpose of processing a claim or distribution of assets in an efficient and prompt manner, I authorize Prudential to consolidate and disclose completed forms and documents to appropriate associates for each and every one of Prudential Financial, Inc.'s affiliates or business units to which a claim for payment or request for distribution is presented.

Under penalties of perjury, I certify that (cross out any item that is not true):

- (1) The number shown on this form is my correct Social Security/Tax ID number,
- (2) I am not subject to backup withholding due to failure to report interest or dividend income,
- (3) I am a U.S. citizen or other U.S. person (including a U.S. resident alien), and
- (4) I am not subject to FATCA reporting

If you crossed out item 3 above, please indicate country of citizenship _____ and attach applicable IRS Form W-8(BEN, BEN-E, EXP, ECI, IMY).

By signing below I certify that, if I have not provided my taxpayer identification number, I have applied for one to be issued to me.

To help the government fight the funding of terrorism and money laundering activities, Prudential Financial is required to obtain, verify, and record information on each person who opens an account. This verification process will take place as we open your account. Once verification is complete, Prudential Financial will be able to fully service and maintain the account.

I consent to the "household" delivery of any mutual fund prospectuses, shareholder reports, or proxy statements. This means Prudential Mutual Fund Services LLC (PMFS) will deliver a single copy of these documents to shareholders who share an address, even if the accounts are registered in different names. My participation in this program will continue indefinitely unless I contact PMFS.

According to Federal law and/or state regulations, your account(s) may be subject to escheatment to your state of residency. Escheatment may be based on account inactivity and/or mail being returned by the post office (RPO). Check with your state Controller's office for additional guidance.

Account Restriction: Check here if you would like PMFS to establish a restricted account from which funds shall be disbursed only upon receipt of a valid court order or other document(s), as appropriate. A copy of the restriction (court order or otherwise), signed and dated on _____ has been provided with this mutual fund application. The restriction shall continue until PMFS receives a valid court order or other written instruction as directed by PMFS, expressly authorizing the removal of the restriction.

The Internal Revenue Service does not require your consent to any provisions of this document other than certification required to avoid backup withholding.

X _____
Signature of new owner, custodian, or trustee

_____|_____|_____|_____|_____|_____|
month day year

X _____
Signature of new joint owner (if applicable)

_____|_____|_____|_____|_____|_____|
month day year

State of domicile* [][]

State where form is signed [][]

*Domicile is defined as a person's fixed, permanent, and principal home for legal purposes.

How to Name a Trusted Contact/Designated Representative:

What is a Trusted Contact /Designated Representative?

A trusted contact/designated representative is an individual designated by the account owner to receive notification from Prudential Mutual Fund Services LLC (PMFS) of certain types of pending activity in your account and in certain other circumstances.

The trusted contact/designated representative may be a family member, friend, or any other person who you identify.

What Types of Account Activity or Circumstances Would Result in Notification to the Trusted Contact /Designated Representative?

PMFS would notify the trusted contact/designated representative:

- First, when, due to account inactivity or lack of contact after a period of time specified under state law (usually, three years but may vary by state), PMFS would be required to deliver the account assets to the state as abandoned or unclaimed property. The trusted contact/designated representative would be notified that, absent immediate action by you, the account assets would be turned over to the state.
- Second, (i) when PMFS reasonably believes that you are incapacitated or otherwise infirm or suffering from diminished capacity; or (ii) PMFS has been unable to contact you despite multiple attempts to do so; or (iii) for the purpose of confirming your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney; or (iv) PMFS reasonably believes that possible financial exploitation of the account owner had occurred or could occur.

The trusted contact/designated representative would be notified in any of these instances.

Would the Trusted Contact/Designated Representative Have Access to My Account?

No. The trusted contact/designated representative would not be able to engage in any account transactions of any type unless the account owner had separately and specifically arranged for the trusted contact/designated representative to be so authorized, usually pursuant to a power of attorney or similar arrangement.

What Would the Trusted Contact /Designated Representative be Told About My Account?

PMFS would not provide any account information (e.g., personal information, account balances, beneficiary designations, etc.) to the trusted contact /designated representative unless PMFS determined that disclosure of such information to the trusted contact /designated representative was necessary in order to address possible financial exploitation of the account owner.

Privacy Notice

Prudential values your business and your trust. We respect the privacy of your personal information and take our responsibility to protect it seriously. This privacy notice is provided on behalf of the Prudential companies listed at the end of this notice (Prudential), and applies to our current and former customers. **This notice describes how we treat the information we receive about you, including the ways in which we will share your personal information within Prudential and your right to opt out of such sharing.**

Protecting Your Personal Information

We maintain physical, electronic and procedural safeguards to protect your personal information. The people who are authorized to have access to your personal information need it to do their jobs, and we require them to keep that information secure and confidential.

Personal Information We Collect

We collect your personal information when you fill out applications and other forms, when you enter personal details on our websites, when you respond to our emails, and when you provide us information over the telephone. We also collect personal information that others give us about you. This information includes, for example:

- name
- address, email address, telephone number, and other contact information
- income and financial information
- Social Security number
- transaction history
- medical information for insurance applications
- consumer reports from consumer reporting agencies
- participant information from organizations that purchase products or services from us for the benefit of their members or employees

Using Your Information

We use your personal information for various business purposes, including:

- normal everyday business purposes, such as providing services to you and administrating your account or policy
- business research and analysis
- marketing products and services of Prudential and other companies in which you may be interested
- as required by law

Sharing Your Information

We may share your personal information, including information about your transactions and experiences, among Prudential companies and with other non-Prudential companies who perform services for us or on our behalf, for our everyday business purposes, such as providing services to you and administering your account or policy. We may also share your personal information with another financial institution if you agree that your account or policy can be transferred to that financial company.

We may share your personal information among Prudential companies so that the Prudential companies can market their products and services to you. We may also share consumer report information among Prudential companies which may include information about you from credit reports and certain information that we receive from you and from consumer reporting agencies or other third parties. You can limit this sharing by following the instructions described in this notice. For those customers who have one of our products through a plan sponsored by an employer or other organization, we will share your personal information in a manner consistent with the terms of the plan agreement or consistent with our agreement with you.

We may also share your personal information as permitted or required by law, including, for example, to law enforcement officials and regulators, in response to subpoenas, and to prevent fraud.

Unless you agree otherwise, we do not share your personal information with non-Prudential companies for them to market their products or services to you. We may tell you about a product or service that other companies offer and, if you respond, that company will know that we selected you to receive the information.

Limiting Our Sharing – Opt Out/Privacy Choice

You may tell us not to share your personal information among Prudential companies for marketing purposes, and not to share consumer report information among Prudential companies, by “opting out” of such sharing. To limit our sharing for these purposes:

- visit us online at: www.prudential.com/privacyoptout
- call us at: 1-877-248-4019

If you previously told us in 2016 or 2017 not to share your personal information among Prudential companies for marketing purposes, or not to share your consumer report information among Prudential companies, you do not need to tell us not to share your information again.

You are not able to limit our ability to share your personal information among Prudential companies and with other non-Prudential companies for servicing and administration purposes.

Questions

If you have any questions about how we protect, use, and share your personal information or about this privacy notice, please call us. The toll-free number is 1-877-248-4019.

We reserve the right to modify this notice at any time. This notice is also available anytime at www.prudential.com.

This notice is being provided to customers and former customers of the Prudential companies listed below.

Insurance Companies and Insurance Company Separate Accounts

The Prudential Insurance Company of America; Prudential Annuities Life Assurance Corporation; Pruco Life Insurance Company; Pruco Life Insurance Company of New Jersey; Prudential Retirement Insurance and Annuity Company (PRIAC); CG Variable Annuity Account I & II (Connecticut General); Pruco Legacy Insurance Company of New Jersey; All insurance company separate accounts that include the following names or are otherwise identified as maintained by an entity that includes the following names: Prudential, Pruco, or PRIAC

Insurance Agencies

Prudential Insurance Agency, LLC; Mullin TBG Insurance Agency Services, LLC

Broker-Dealers and Registered Investment Advisers

AST Investment Services, Inc.; Prudential Annuities Distributors, Inc.; Global Portfolio Strategies, Inc.; Pruco Securities, LLC; PGIM, Inc.; Prudential Investment Management Services LLC; PGIM Investments LLC; Prudential Private Placement Investors, L.P., Prudential Customer Solutions LLC; Quantitative Management Associates LLC

Bank and Trust Companies

Prudential Bank & Trust, FSB; Prudential Trust Company

Investment Companies and Other Investment Vehicles

Prudential Mutual Funds; Prudential Capital Partners, L.P.; The Target Portfolio Trust; Advanced Series Trust; Prudential Private Placement Investors, Inc.; All funds that include the following names: Prudential, PCP, PGIM, or PCEP

Other Companies

Prudential Retirement Strategic Investments, LLC

Vermont Residents: We will not share information about your creditworthiness among Prudential companies, other than as permitted by Vermont law, unless you authorize us to make those disclosures.



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