



Instructions

Please print using blue or black ink. Send completed form to the following address or fax it to (570) 340-4328. If faxing, please keep original for your records. **We are unable to accept a fax copy with a RAISED SEAL on forms witnessed by a notary public. However, a notary stamp may be faxed.**

Prudential
30 Scranton Office Park
Scranton, PA 18507-1789

Questions?
Call the toll-free number listed on your statement for assistance.

About You

Plan number _____ Sub plan number (if applicable) _____ Plan name _____

Social Security number _____ Daytime telephone number _____

First name _____ MI _____ Last name _____
area code _____

Marital status: Married* (complete 'spousal waiver' section) Single, widowed or legally divorced

Are you still working for the employer sponsoring this plan? Yes No

Date employment ended (if applicable): _____
month day year

For Married Participants

Spousal Waiver

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 the participant's most recent quarterly statement. I realize that the participant cannot waive this spousal benefit and obtain a distribution in the form requested by the participant 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 have reviewed the paperwork associated with the participant's request and confirm that it identifies the payment option requested by the participant and any non-spouse beneficiary. I voluntarily consent to the participant's waiver or loan request and acknowledge that this will authorize the request.

Spouse's signature _____ Date _____
(Spouse's signature must be witnessed by a notary public OR authorized plan representative.)

Subscribed and sworn before me on the _____ day of _____, the year _____ (Seal/Stamp)

My notary commission expires _____ with the state of _____

Notary public signature _____ Date _____

OR

Authorized plan representative's signature _____ Date _____

You must provide your signature below.

Your Authorization

Participant's signature _____ Date _____