

Instructions	The use of this certification form is to assist plan sponsors in determining a beneficiary of a deceased participant, absent beneficiary information on record under the Plan 960150 , USMX-ILA Money Purchase Fund and Savings Plan . It is to be completed only by the person or one of the persons within the first surviving class of the following classes of successive preference beneficiaries of the deceased: spouse, natural and adopted child(ren), parents, siblings, estate.		
	IMPORTANT, To ensure the timely processing of your request, please complete this form in its entirety, and return it with a copy of the death certificate via mail or fax to:Prudential Retirement PO Box 5370 Scranton, PA 18505-5370 Fax: 888-499-4315Questions? Call 1-877-778-2100 for assistance.		
Participant (Decedent) Data	Plan number $9 + 6 + 0 + 1 + 5 + 0$ First name MI Last name Social Security number Gender $ $		
Spouse Check box if deceased	Please check one of the following: I certify there is no surviving spouse OR I have provided the spouse's information below: I am the surviving spouse of the deceased person named above. First name MI Last name		
	Address \Box City State ZIP code \Box \Box Social Security number Telephone number (Best time to call pm) \Box \Box Date of birth \Box $month$ day $year$ Email Address (How Prudential will contact you, if needed)		

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Natural and	Please check one of the following:
Adopted Child(ren)	 I certify there is no surviving children OR I have provided the children's information below:
Check box if no children	I am a child of the deceased; and the deceased left no surviving spouse or children other than myself and those listed below: (please attach additional sheet if necessary)
	☐ I certify I am the only surviving child of the deceased named above. (Note: if your sibling is deceased, please supply a certified copy of the deceased sibling's death certificate.
	First name MI Last name
	Social Security number Telephone number (Best time to call pm)
	Date of birth $ \begin{array}{c c} & & \\ \hline \\ & & \\ \hline \\ month \end{array} = \begin{array}{c c} & & \\ \hline \\ day \end{array} = \begin{array}{c c} & & \\ \hline \\ year \end{array} $
	Email Address (How Prudential will contact you, if needed)
	First name MI Last name
	Address
	City State ZIP code
	Social Security number Telephone number (Best time to call pm)
	Date of birth $ \begin{array}{c c} & & & \\ \hline & & \\ \hline & & \\ month & day & year \end{array} $
	Email Address (How Prudential will contact you, if needed)

Please list ALL living children of the decedent	$\begin{array}{ c c c c c c c c } \hline City & State & ZIP code \\ \hline \\ \hline \\ \hline \\ City & State & ZIP code \\ \hline \\ \\ \hline \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $
	Email Address (How Prudential will contact you, if needed)
Parent(s)	Please check one of the following:
	 I have provided the parent's information below: I am a parent of the deceased; and the deceased left no surviving spouse or children. I certify I am the only surviving parent of the deceased. (Note: if one parent is deceased, please supply a certified copy of the deceased parent's death certificate.)
Mother Check box if deceased	First name MI Last name
	Social Security number $Telephone number (Best time to call pm)$ $\Box \Box \Box \Box = \Box$

Father Check box if deceased	First name MI Last name Address Address
	City State ZIP code am)
	Social Security number Telephone number (Best time to call pm) \Box \Box Date of birth $area code$ $month$ day $year$
	Email Address (How Prudential will contact you, if needed)
Sibling(s)	Please check one of the following:
Check box if no sibling(s)	 I certify there is no surviving sibling(s) OR I have provided the sibling(s) information below:

I am a sibling of the deceased; and the deceased left no surviving spouse, children, parents, or sibling(s) other than myself and those listed below: (please attach additional sheet if necessary)
 I certify I am the only surviving sibling of the deceased. (Note: if your siblings is deceased, please supply a certified copy of the deceased sibling's death certificate.)

	First name	MI L	ast name
Please provide information for	Address		
ALL living siblings		Sta	
	Social Security number	Telephone	number (Best time to call pm) $ \ \ \ \ \ \ \ \ \ \ \ \ \$
	Date of birth $ \begin{array}{c c} & & \\ & & \\ \hline & & \\ month & day & year \end{array} $		
	Email Address (How Prudential will contact	t you, if nee	2ded)

Ed. 09/20/2021

	First name MI Last name
Please provide information for ALL living siblings	City State ZIP code
	Social Security number Telephone number (Best time to call pm) \Box
	$ \begin{array}{c c} \hline \\ \hline \\ \hline \\ month \end{array} \begin{array}{c c} - \hline \\ day \end{array} \begin{array}{c c} - \hline \\ year \end{array} \end{array} $
	Email Address (How Prudential will contact you, if needed)
	First name MI Last name
	Address
	City State ZIP code
	Social Security number Telephone number (Best time to call pm) Image: Image of the security number Image of the security number (Best time to call pm) Image of the security number Image of the security number (Best time to call pm)
	Date of birth
	Email Address (How Prudential will contact you, if needed)

Estate/Executor	I am duty appointed and serving as the executor or administrator of the estate for the deceased person named above.
	The undersigned affirms that the deceased participant had no spouse, child(ren), parent(s) or sibling(s) who survived him/her. You must provide a certified court document through which you were named as executor or administrator of the estate of the deceased participant.
	First name MI Last name
	Address City State ZIP code
	City State ZIP code
	Estate EIN # Telephone number (Best time to call pm)
	Email Address (How Prudential will contact you, if needed)
Your Authorization	By signing below, I certify that the above information is true and accurate. I acknowledge that I understand the beneficiary rights under the plan. I understand the plan sponsors, the plan and Prudential will rely on the information I have provided above in processing this death benefit request. I further understand that I am responsible for the accuracy of the information provided and in the event any dispute arises with respect to this transaction I agree to hold harmless and indemnify the plan sponsors, the plan and Prudential from any and all claims related
	X Date
Beneficiary's Authorization	Beneficiary's signature - must be witnessed by a notary public. Beneficiary and Notary must sign and date the form at the same time and on the same date. The dates must match.
	(Seal/Stamp)
	Subscribed and sworn before me on the day of, the year
	State of, County of
	My commission expires
	X
	Notary's signature