

**Natural and
Adopted
Child(ren)**

Please check one of the following:

- 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 _____

**Please list ALL
living children
of the decedent**

Address _____

City _____ State _____ ZIP code _____

Social Security number _____ Telephone number (Best time to call _____ am)
_____ pm)
_____ area code

Date of birth _____
month day year

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 _____ am)
_____ pm)
_____ area code

Date of birth _____
month day year

Email Address (How Prudential will contact you, if needed)

First name MI Last name

Please list ALL living children of the decedent

Address

City State ZIP code

Social Security number Telephone number (Best time to call am) pm) area code

Date of birth month day year

Email Address (How Prudential will contact you, if needed)

Parent(s)

Please check one of the following:

- I certify there is no surviving parents OR
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

Address

City State ZIP code

Social Security number Telephone number (Best time to call am) pm) area code

Date of birth month day year

Email Address (How Prudential will contact you, if needed)

Father

First name MI Last name

Check box if deceased

Address

City State ZIP code

Social Security number Telephone number (Best time to call am) pm) area code

Date of birth 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 Last name

Please provide information for ALL living siblings

Address

City State ZIP code

Social Security number Telephone number (Best time to call am) pm) area code

Date of birth month day year

Email Address (How Prudential will contact you, if needed)

First name MI Last name

Please provide information for ALL living siblings

Address

City State ZIP code

Social Security number Telephone number (Best time to call _____ am) _____ pm)

area code

Date of birth
month day year

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 _____ am) _____ pm)

area code

Date of birth
month day year

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 _____

Estate EIN # _____ Telephone number (Best time to call _____ pm)
_____ area code _____

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 thereto.

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