



**Instructions**

This form must be completed when the plan participant has designated a trust as the beneficiary of part or all of his/her interest under a qualified retirement plan. Please do not forward a copy of the trust agreement and other trust related documents, unless specifically requested to do so, as Prudential does not interpret the terms of the trust agreement and other related trust documents. Prudential will use this form to pay benefits upon the death of the participant.

**Please print using blue or black ink.** Keep a copy for your records and send completed form to either of the following:

Fax: 1-866-439-8602. If faxing, please keep original for your records.

Mail: Prudential Retirement  
30 Scranton Office Park  
Scranton, PA 18507-1789

**About You**

Plan number	Sub Plan number	Oakland County
9   4   0   0   7   0	0   0   0   0   0   1	
Social Security number	Daytime telephone number	
First name	MI	Last name

**Trust Information**

Name of Trust \_\_\_\_\_

Trust EIN \_\_\_\_\_

Trustee Name \_\_\_\_\_  
 (Note: If you are the trustee of the trust, you must also name a co-trustee or a successor trustee.)

Trustee Address \_\_\_\_\_

Trustee Phone # \_\_\_\_\_ Trustee SSN \_\_\_\_\_

*(Please complete all fields, as they are required.)*

Co-Trustee Name or  Successor Trustee Name \_\_\_\_\_

Co/Successor Trustee Phone # \_\_\_\_\_ Co/Successor Trustee SSN \_\_\_\_\_

If co-trustees are named, the signature of each trustee must be present on all distribution requests unless the following box is checked:

Checking this box allows each trustee to exercise any power and authority independently.

**Complete the following section if the trust is seeking certification as a qualifying trust in order to make payments to the trust based on the life expectancy of the eldest beneficiary of the trust. If the following section is not completed, payment will be made in a lump sum to the trustee(s) of the trust. You must seek guidance from a legal or tax advisor if you have any questions about these statements.**

I \_\_\_\_\_ certify that the  
**Certification** (Printed Name of Participant)

\_\_\_\_\_ Trust, dated \_\_\_\_\_:  
(Name of Trust) (Trust Date)

- Is valid under the laws of the state of \_\_\_\_\_;
- Is irrevocable or will be irrevocable upon the death of \_\_\_\_\_ (name of Participant);
- The trust's beneficiaries' names (including secondary and remainder beneficiaries), social security numbers and dates of birth listed in the trust document are as follows;

If there are additional beneficiaries, please include on a separate piece of paper.

**Please use whole percentages - must total 100% for each column if applicable.**

**(A) Primary Beneficiary(ies)**

\_\_\_\_\_  
FULL LEGAL NAME  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Social Security number Percentage %  
\_\_\_\_\_  
Date of birth  
\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
FULL LEGAL NAME  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Social Security number Percentage %  
\_\_\_\_\_  
Date of birth  
\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
FULL LEGAL NAME  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Social Security number Percentage %  
\_\_\_\_\_  
Date of birth  
\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
FULL LEGAL NAME  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Social Security number Percentage %  
\_\_\_\_\_  
Date of birth  
\_\_\_\_\_  
Telephone number

**Please use whole percentages - must total 100%.**

**(B) Secondary Beneficiary(ies)**

\_\_\_\_\_  
FULL LEGAL NAME  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Social Security number Percentage %  
\_\_\_\_\_  
Date of birth  
\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
FULL LEGAL NAME  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Social Security number Percentage %  
\_\_\_\_\_  
Date of birth  
\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
FULL LEGAL NAME  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Social Security number Percentage %  
\_\_\_\_\_  
Date of birth  
\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
FULL LEGAL NAME  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Social Security number Percentage %  
\_\_\_\_\_  
Date of birth  
\_\_\_\_\_  
Telephone number

**Please use whole percentages - must total 100%.**

I hereby certify that the above list is complete and accurate, and if, in the future, the above-mentioned trust is amended, I, the trustee, the co-trustee or the successor trustee, agree to promptly provide Prudential with an updated certification. I understand that my benefit will be paid out in accordance to the instructions listed on this form. However I also understand that if the retirement plan rules conflict with the instructions above, payment will be made in accordance with the plan rules.

Participant's Signature X Date \_\_\_\_\_