

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 _____