



**Prudential**

**Beneficiary Claim Form for Individuals**

Plan name

Plan number

**Plan Authorization**

This section must be completed and signed by an authorized plan representative, and faxed back to Prudential 1-(866)439-8602. Please contact the plan's benefits office.

Participant's vesting percentage

Participant's date employment ended (mm/dd/yyyy)

The beneficiary completing this request is 1 of \_\_\_\_\_ (enter number) beneficiaries and is approved to receive \_\_\_\_\_ % of the decedent's account.

Authorized plan representative's signature

Date (mm/dd/yyyy)

Print name and title

Authorized plan representative's signature (if two signatures required)

Date (mm/dd/yyyy)

Print name and title