



NC Plans Processing Center

PO Box 5340

Scranton, PA 18505

Fax Number: 1-866-439-8602

## Instructions For Choosing Your Beneficiary

**Please print using blue or black ink.** Keep a copy for your records and send or fax the original form to the address above.

### General Provisions

Any benefit that will be payable upon your death will be made to the person(s) named on the attached beneficiary form. Please be careful in completing the form; be sure that your designation is accurate, clear and understandable.

- A. The terms of the Plan govern the payment of any benefit.
- B. Primary beneficiary(ies). If more than one person is named, payment will be made in equal shares to the Primary beneficiary(ies) living at the time the benefit first becomes payable. If a percentage is indicated and a Primary beneficiary(ies) is not alive at the time the benefit first becomes payable, the percentage of that beneficiary's designated share will be divided equally among the surviving Primary beneficiary(ies).
- C. If there is no Primary beneficiary living at the time of the participant's death, any benefit that becomes payable will be distributed to the surviving Secondary beneficiary(ies) listed, if applicable.
- D. Payment to Secondary beneficiary(ies) will be made according to the rules of succession described under Primary beneficiary(ies) in Paragraph B above.
- E. If no designated beneficiary(ies) is alive when payment is otherwise payable, payment will be made payable to your estate.
- F. If a Trust is named as beneficiary, any payment to the Trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received.

### Examples of Beneficiary Designations

If you feel that none of the examples below fit the type of beneficiary designation you want, please send a detailed description of what you propose to Prudential.

Use the term:

1. **"My Living Children"** if you want all your children (born or adopted of any marriage) living at the time of payment to equally share the benefit. This will also include all such children born or adopted after you completed the form. Do not include the names of your children if you use this term.
2. **"My Living Trust"** if you want to designate your Living Trust. You must also give the name(s) of the Trustee(s), name(s) of the successor Trustee(s) (Trustee and Successor Trustee cannot be the participant), the date of the Trust Agreement and the address if a bank or trust company is the Trustee.
3. **"My Testamentary Trust"** if you want to designate the Trust in your Last Will and Testament. Do not name your Trustee.
4. **"My Estate"** if you want the benefit to be paid to your estate.
5. **"(Name), Per Stirpes"** if you want the payment(s) to be paid up to and including the second generation of descendants. For example, if a beneficiary in such class is not living when a payment is due, such payment will be made in equal shares to any living sons and daughters (born or adopted of any marriage), of such beneficiary. If there are no living sons and daughters of such beneficiary when a payment is due, payment will be made to the estate of the last to die of the participant or such beneficiary. An example of a correct designation would be Jane Doe, Per Stirpes.

**Beneficiary Designation Form (NON-ERISA)**

NC 401(k) PLAN

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**About You**

*(Please note: This form will not be processed without your Social Security number.)*

Plan number 002003 Sub plan number \_\_\_\_\_ Date of birth \_\_\_\_\_  
month day year

Social Security number \_\_\_\_\_ Daytime telephone number \_\_\_\_\_  
area code

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

**Your Beneficiary Designation**

*(See "Instructions for Choosing your Beneficiary")*

I designate the following as beneficiaries of my account in the whole percentage(s) indicated below. Please list additional beneficiaries, along with percentages they are to receive on a separate page, if needed. Indicate whether the additional beneficiary(ies) is/are primary or secondary beneficiary(ies).

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

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

FULL LEGAL NAME \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Social Security number \_\_\_\_\_ Percentage %  
 Date of birth \_\_\_\_\_ My Relationship \_\_\_\_\_  
 Telephone number \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Social Security number \_\_\_\_\_ Percentage %  
 Date of birth \_\_\_\_\_ My Relationship \_\_\_\_\_  
 Telephone number \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Social Security number \_\_\_\_\_ Percentage %  
 Date of birth \_\_\_\_\_ My Relationship \_\_\_\_\_  
 Telephone number \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
 Social Security number \_\_\_\_\_ Percentage %  
 Date of birth \_\_\_\_\_ My Relationship \_\_\_\_\_  
 Telephone number \_\_\_\_\_

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

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**Your Authorization**

Signature X Date \_\_\_\_\_

**DID YOU REMEMBER TO:**

- Sign the form
- Use whole numbers
- Initial any changes
- Include social security numbers