

Request for Name and-or Address Change

NC 401(k) PLAN

Instructions	Please print using blue or black ink. Send completed form to the following address or fax it to 1-866-439-8602. If faxing, please keep original for your records.	
	NC Plans Processing Center PO Box 5340 Scranton, PA 18505	Questions? Call 1-866-627-5267 for assistance.
About You	Plan number Sub plan number	
	[0 0 2 0 0 3]	
	Email address:	
	Social Security number Daytime telephone number	
	L -	
	First name MI Last name	
Name Change	My name has been changed to the following:	
	First name MI Last name	
	Reason: example: marriage, divorce, court order, reported incorrectly, misspelled, etc.	
	 Copy of the marriage certificate Copy of a court order or judgment indicating the name change Copy of Social Security card 	
	New Address	New address
City State ZI		IP code
Daytime telephone number		
	area code	
Your Authorizatio	I understand that Prudential will rely on the information I have provided in process that I am responsible for its accuracy in the event any dispute arises.	sing this request. I further understand
	X Da	te
	Participant's signature	·- <u> </u>