NORTH CAROLINA 457 DEFERRED COMPENSATION PLAN

Request for Name and/or Address Change

NC 457b DEFERRED COMPENSATION 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 **0 1 2 0 0 3**

Sub plan number

Email address: _____

Social Security number ___-___-____

Daytime telephone number ___-___-____
area code

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.

We must receive one of the following documents to make a name change:

- 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 ZIP code

Daytime telephone number ___-___-____
area code

Your Authorization

I understand that Prudential will rely on the information I have provided in processing this request. I further understand that I am responsible for its accuracy in the event any dispute arises.

X _____ *Date* ____/____/____
Participant's signature

Ed. 4/2010

Prudential Retirement