



## Spousal Consent

I am the spouse of the participant and, I understand that I am entitled to receive 100% of the account upon the participant's death. By signing this consent, I will **not** receive the benefit that would otherwise have been payable to me upon the participant's death. I voluntarily agree to the participant's designation of the beneficiary(ies) indicated above.

X

Date

*Spouse's signature - must be witnessed by a notary public OR authorized plan representative.*

Notary Stamp or Seal

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, the year \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

My commission expires \_\_\_\_\_

Signature of \_\_\_\_\_ notary or \_\_\_\_\_ authorized plan representative

X

Date

## Your

## Authorization

Signature

X

Date

## Plan Provisions

**For Married Participants:** Upon your death, any benefit will be payable to your spouse unless the Spousal Consent section of this form is completed and witnessed. Please be careful in completing the form; be sure that your designation is accurate, clear and understandable.

If you die before you begin to receive benefits, and the Spousal Consent has not been completed, the plan must:

1. Automatically pay a spousal death benefit consisting of 100% of your account balance to your surviving spouse (if any) as beneficiary,
2. Unless your spouse elects otherwise after your death, pay that death benefit in the form of a lump sum.

**Generally, if you name your spouse beneficiary for 100% of your account balance you will not be required to obtain spousal consent for any plan distributions, unless you later elect to receive your benefit in the form of a life annuity.**

**Note:** Even if your current beneficiary is a trust or estate of which your spouse is a beneficiary, spousal consent is necessary. Without such waiver and consent, the spousal death benefit must be paid directly to your spouse.

Continued on next page

Social Security Number \_\_\_\_\_

### DID YOU REMEMBER TO:

- Sign the form
- Use whole numbers
- Initial any changes
- Have your spouse's signature notarized

30 Scranton Office Park  
Scranton, PA 18507-1789

## Instructions for Choosing Your Beneficiary

**Please print using blue or black ink.** Please print using blue or black ink. Keep a copy for your records and send the original form to the address above or fax it to 1-866-439-8602.

### General Provisions

- A The terms of the plan govern the payment of any benefit.
- B Primary beneficiary(ies). If more than one person is named and no percentages are indicated, payment will be made in equal shares to the Primary beneficiary(ies) who is 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(ies) 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 provision B above. If no designated beneficiary(ies) is alive when payment is otherwise payable, payment will be made in accordance with the plan.
- E 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.

## Trust Certification

The Lancaster County, Nebraska Employees Retirement Plan

### Instructions

This form must be completed when the plan participant has designated a trust as the beneficiary of part or all of his/her interest under a qualified retirement plan. Please do not forward a copy of the trust agreement and other trust related documents, unless specifically requested to do so, as Prudential does not interpret the terms of the trust agreement and other related trust documents. Prudential will use this form to pay benefits upon the death of the participant.

**Please print using blue or black ink.** Keep a copy for your records and send completed form to either of the following:

Fax: 1-866-439-8602. If faxing, please keep original for your records.

Mail: Prudential Retirement  
30 Scranton Office Park  
Scranton, PA 18507-1789

### About You

Plan number	Sub Plan number	LANCASTER COUNTY, NEBRASKA
0 0 6 3 7 1	0 0 0 0 0 1	
Social Security number	Daytime telephone number	
- - - - -	- - - - -	
First name	MI	Last name
- - - - -	-	- - - - -

### Trust Information

Name of Trust \_\_\_\_\_

Trust EIN \_\_\_\_\_

*(Please complete all fields, as they are required.)*

Trustee Name \_\_\_\_\_

(Note: If you are the trustee of the trust, you must also name a co-trustee or a successor trustee.)

Trustee Address \_\_\_\_\_

Trustee Phone # \_\_\_\_\_ Trustee SSN \_\_\_\_\_

☐ Co-Trustee Name or ☐ Successor Trustee Name \_\_\_\_\_

Co/Successor Trustee Phone # \_\_\_\_\_ Co/Successor Trustee SSN \_\_\_\_\_

If co-trustees are named, the signature of each trustee must be present on all distribution requests unless the following box is checked:

☐ Checking this box allows each trustee to exercise any power and authority independently.

**Complete the following section if the trust is seeking certification as a qualifying trust in order to make payments to the trust based on the life expectancy of the eldest beneficiary of the trust. If the following section is not completed, payment will be made in a lump sum to the trustee(s) of the trust. You must seek guidance from a legal or tax advisor if you have any questions about these statements.**



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      |      |      |