



Prudential Retirement
The Prudential Insurance Company of America
30 Scranton Office Park
Scranton, PA 18507-1789
1-877-778-2100
www.retirement.prudential.com

Plan Number: 006372
Sub-Plan Number: 000001
Reference Number: 00637203634
Account Owner:

November 13, 2019

Dear Participant:

Enclosed you will find the Trust Certification form you requested. Once you've completed all the required information, **please refer to the instructions for where to return your form.**

To help us serve you better, please be sure to:

- Check your name and address information.
- Complete all sections of the form.
- Sign your form.

Thank you for allowing Prudential Retirement the opportunity to serve your retirement needs. If you have any questions or require assistance, please contact our office at 1-877-778-2100.

Sincerely,

Crystal Vacura
Senior Retirement Counselor

Enclosure(s)

Registered Representative
Prudential Investment Management Services LLC
A Prudential Financial company

Trust Certification

The Lancaster County, NE 457 Deferred Compensation 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, NE 457	
0 0 6 3 7 2	0 0 0 0 0 1		
Social Security number	Daytime telephone number		
- -	- -		
First name	MI	Last name	

Trust Information

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

Name of Trust _____

Trust EIN _____

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 _____