

PRUDENTIAL DATA TRANSMITTAL FORM

ANNUITANT INFORMATION

ANNUITANT 1:

Last Name

First Name M.I. Sex M F

Date of Birth SS#

Street Address

City State Zip Code

FAX: 732-482-8935

MAIL: 200 Wood Avenue South
Mailstop 219
Iselin, NJ 08830

JOINT MEASURING LIFE 1 (If Applicable):

Last Name

First Name M.I. Sex M F

Date of Birth SS#

PAYMENT INFORMATION (If other than Annuitant)

Payee Name

Street Address

City State Zip Code

BENEFICIARY INFORMATION

ALL FIELDS MUST BE COMPLETED. IF A BENEFICIARY IS NOT NAMED, THEN THE ESTATE WILL BE NAMED THE BENEFICIARY.

1. If more than one primary or contingent beneficiary, benefits will be paid equally or to the survivor unless otherwise stated.
2. If annuitant is a minor, beneficiary must be the Estate of the minor unless beneficiary is named in the Court Order.
3. Payments will only be made to contingent beneficiary if all primary beneficiaries are no longer living at the time of the annuitant's death.

PRIMARY BENEFICIARY:

Last Name First Name M.I.

Social Security Number Date of Birth Relationship to Annuitant

Last Name First Name M.I.

Social Security Number Date of Birth Relationship to Annuitant

CONTINGENT BENEFICIARY (IF APPLICABLE):

Last Name First Name M.I.

Social Security Number Date of Birth Relationship to Annuitant

Last Name First Name M.I.

Social Security Number Date of Birth Relationship to Annuitant

OWNER INFORMATION

Owner Name

Street Address

City State

Zip Code Owner Tax ID

SALES INFORMATION / AGENT OF RECORD

Brokerage Firm

Office Location

Agent Last Name

Agent First Name

Agent M.I. Sales Jurisdiction

COMMISSIONS

Is there a commission sharing agreement on this case? YES NO

If "yes," please attach a copy of the split agreement and indicate which office will handle all paperwork.

DATE COMPLETED

TYPE OF SETTLEMENT

Liability Workers Compensation

MSA Attorney's Fee

STATE DISCLOSURE REQUIREMENT

MN FL MA

Disclosure Mailed



Prudential