

Request for Name and-or Address Change

NC TEACHERS' AND EDUCATORS' 403(b) PROGRAM

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 2 2 0 0 3 _____

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