

Plan Name: City of Alexandria Supplemental Pension Plan
Contract No.: 16741

Return completed form to:
Prudential Retirement
Attn: DB Operations
500 Main St.
Dubuque IA 52001

Defined Benefits Designation/Change of Beneficiary

1 *Participant Information (Please Print)*

Name: _____ Social Security Number: _____
Address: _____ Marital Status: " Married " Single
City: _____ State: _____ Zip Code: _____ Do you live in a Community Property State?
" No " Yes

Daytime Phone Number	E-mail Address (Optional)
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2 *Designation/Change of Beneficiary*

In accordance with the provisions of the Plan, I hereby " Designate the following beneficiary " Change my beneficiary to the following person
Beneficiary Information (If you choose to have more than one beneficiary, please use a separate sheet and attach to this form.)
Name _____ Address _____
Social Security Number - - Birthdate / / _____
Relationship _____ City _____ State _____ Zip _____

3 *Certification and Authorization*

Unless otherwise provided herein, if more than one beneficiary is named, payments shall be made in equal shares to each beneficiary who survives the Participant. If no beneficiary survives the Participant or if there is no name on file, PAYMENT SHALL BE MADE IN ACCORDANCE WITH THE PROVISION OF THE PLAN. The right to further change the beneficiary is reserved to the Participant without consent of the beneficiary. This designation supercedes any other that may have been previously made.
Participant's Signature: _____ Date: _____