Prudential

30 Scranton Office Park
Scranton, PA 18507-1789

Instructions For Choosing Your Beneficiary

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.

Plan Provisions

For Married Participants: Upon your death, any benefit will be payable to your surviving spouse unless the Spousal Consent section of this form is completed and witnessed.

If you die before you begin to receive benefits and the Spousal Consent has not been completed, the plan must automatically pay a spousal death benefit consisting of 100% of your account balance to your surviving spouse (if any) as beneficiary.

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.

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.

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Beneficiary Designation Form

Hospitality Industry 401(k) Plan

About You

(*Please print using blue or black ink.*)

Plan number: 9 6 0 0 5 0

Sub plan number (if applicable):

Social Security number: ___-___-____

Daytime telephone number: ___-___-____ (area code)

First name | MI | Last name

Address

City | State | ZIP code

Date of birth: ___ (month) ___ (day) ____ (year)

Marital Status: ☐ Married ☐ Single, widowed or legally divorced

Your Beneficiary Designation

(*See "Instructions for Choosing your Beneficiary"*)

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below. Please list additional beneficiaries, along with percentages they are to receive on a separate page, if needed. Indicate whether the additional beneficiary(ies) is/are primary or secondary beneficiary(ies).

(A) Primary Beneficiary(ies)

FULL LEGAL NAME

Address

Social Security number | Percentage %

Date of birth | Relationship to you

Telephone number

FULL LEGAL NAME

Address

Social Security number | Percentage %

Date of birth | Relationship to you

Telephone number

Please use whole percentages - must total 100%.

(B) Secondary Beneficiary(ies)

FULL LEGAL NAME

Address

Social Security number | Percentage %

Date of birth | Relationship to you

Telephone number

FULL LEGAL NAME

Address

Social Security number | Percentage %

Date of birth | Relationship to you

Telephone number

Please use whole percentages - must total 100%.

Important information and signature required on the following page

DID YOU REMEMBER TO:

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

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 voluntarily agree to waive the death 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. I understand that this waiver and consent to the designation of the beneficiary(ies) above is irrevocable.

X _____ *Date* ____|__|____

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

Subscribed and sworn before me on the _____ day of _____, the year _____ Notary Stamp or Seal

State of _____, County of _____

My commission expires _____

Signature of ☐ notary or ☐ authorized plan representative

X _____ *Date* ____|__|____

Participant Authorization

I am a participant in the Hospitality Industry 401(k) Plan. I hereby certify that all of the information provided on the preceding page of this form is true and correct. I understand that I may revoke this designation of beneficiary at any time, in which case my spouse (if I am married at the time of my death) will again be entitled to receive 100% of the account upon my death unless I file a new designation of beneficiary form with the Plan (with my spouse's consent if I am then married).

Signature **X** _____ *Date* ____|__|____