



Notification of Termination

NC 401(k) PLAN

Instructions Please print using blue or black ink. Use this form to provide and authorize termination information.

Attention: Benefits Office - Please send completed form to the following address or fax it to 1-866-439-8602.

NC Plans Processing Center
PO Box 5340
Scranton, PA 18505

Questions?
Call 1-866-627-5267
for assistance.

Participant Information

Plan number

0 0 2 0 0 3

Sub plan number

Social Security number

_____ - _____ - _____

Daytime telephone number

_____ - _____ - _____
area code

First name

MI

Last name

Address

City

State

ZIP code

Date of birth

Gender

____ month ____ day ____ year

M F

Plan Authorization

Date of Separation from Service:

____ month ____ day ____ year

Please indicate type of separation: Termination Retirement

X _____ Date _____
Authorized employer's signature

Print name and title

Prudential Retirement

EMPLOYER USE ONLY