



Prudential Alliance Account Services
PO Box 535486
Pittsburgh, PA 15253
www.prudential.com

On behalf of Prudential, please accept our condolences for your loss. We want to make the claim process as prompt and convenient as possible during this difficult time.

In order for us to process your claim, please:

- Complete and sign the Alliance Account *Letter of Instruction*.
- Obtain the account holder's original death certificate—or a certified copy of the original death certificate with a raised seal—issued by the U.S. state in which the account holder died.
- If you are making this claim on behalf of the account holder's estate, be sure to include documentation naming you as the legal representative of the estate.

Please return these documents to us at the address below. Once they are received we will begin processing your claim.

Prudential Alliance Account Services
PO Box 535486
Pittsburgh, PA 15253

If you have any questions, please contact Prudential's Alliance Customer Service Center at (877) 255-4262. If you are using a telecommunications device for the hearing impaired, please call (800) 421-1220. Our customer service representatives are available to assist you Monday through Friday from 8:00 a.m. to 7:00 p.m. Eastern time.

Sincerely,

Prudential Alliance Account Services

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.



Alliance Account Letter of Instruction

Please Complete Entire Letter of Instruction and Return Immediately

Instructions

Use this form to apply for Alliance Account death benefits. Please read and complete each section of the form and return to us at the address listed below.

Be sure to attach a **certified death certificate with the state seal**. A certified death certificate is either the original death certificate issued by the state in which the person passed away or a copy of the original death certificate that has a raised seal of that state. If you have any questions or need additional information, please call us toll-free at 1-877-255-4262 (TDD – 1-800-421-1220).

1. Information about the Deceased Account Holder

Please list the Alliance Account Number for which you are making a claim: _____

Account Holder's Name (first name, middle initial, last name): _____

Account Holder's Social Security Number: _____ Date of Birth: _____ Date of Death: _____

2. Claimant Information (To be completed by the individual claiming death benefits.)

Name (first name, middle initial, last name): _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Phone Number: (____) _____ Date of Birth _____ Social Security Number/TIN: _____

Email Address: _____



3. Tax Certification:

If this section is not completed, we may be required to perform back up withholding on interest payments or may not be able to honor your withholding request. If (a) does not apply, you must check (b) as applicable.

Claimant/Beneficiary SSN: _____

(a) Under penalties of perjury, I certify the following:

- The number provided above is the correct taxpayer identification number for the beneficiary,
- I am not subject to backup withholding for the failure to report interest or dividend income,
- I am not a foreign entity subject to FATCA reporting, and
- I am a U.S. citizen or other U.S. person (including a resident alien).

OR

(b) I have been notified by the Internal Revenue Services that I am subject to backup withholding due to the under reporting of interest or dividends

(Check this box if you are subject to backup withholding). ☐

4. Signature (We cannot complete the processing of this claim unless the claimant signs the form.)

I have read and agree to sections 1 through 3. By signing this form, I certify that the information I have provided is true and complete. I understand that there may be tax implications as a result of this request. It is fraudulent to fill out this form with information I know to be false or to omit important facts. Criminal and/or civil penalties can result from such acts.

For the purpose of processing and payment of claims in an efficient and prompt manner, I authorize Prudential to consolidate and disclose completed claims forms and documents to appropriate associates for each and every one of Prudential Financial, Inc.'s affiliates or business units for which a claim for payment or distribution is made.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: _____ Date: _____

Please return to:

Prudential Alliance Account Services
PO Box 535486
Pittsburgh, PA 15253-5486

If you have any questions, please call our Customer Service Center at 1-877-255-4262 (TDD – 1-800-421-1220) anytime Monday through Friday, 8 AM – 7 PM (EST)

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