REQUEST TO CHANGE ADDRESS

Prudential

For use by Structured Settlement claimants/payees only.
After you have completed this form, please return it to Prudential using the return instructions provided below in Section 4. Please do not share this form with anyone other than a verified representative of Prudential.

Things to know before you begin

- If you have more than one structured settlement annuity contract, you can list multiple annuity contract numbers and we'll apply the change to all of them.
- If you're making this request as a legally approved third party *(power of attorney, guardian, etc.)* and we don't already have your information on file, you'll need to include documentation to support your authority to request the change.
- If payments under the annuity are being paid jointly, both payees must sign this form.
- If this form is not properly completed and signed where indicated, your request may be delayed.

1. Claimant/payee information

Name (First, MI, Last, Suffix) _____

Date of birth (mm/dd/yyyy) _____

Social Security number _____

Phone number _____

Email address _____

Joint annuitant (if applicable) _____

List all structured settlement annuity contract numbers that apply to this change:

_____

2. Address change

Previous address:

Street address _____

City _____

State _____

ZIP code _____

New address:

This new address should be used for: ☐ **Payments** ☐ **Correspondence**

Street address _____

City _____

State _____

ZIP code _____

☐ Check this box if you would like all outstanding payments reissued to the new address above.

3. Signature

The undersigned agree(s) that any change requested on this form and accepted by Prudential will remain effective until and unless the undersigned submits to Prudential in writing and Prudential accepts any subsequent request to change address, or any law or legal notice binding on Prudential requires otherwise. The effective date of an address change will not be more than 30 calendar days after receipt of this form, duly completed, at the address set forth below. No change of address shall be accepted and made effective; however, if in good faith Prudential determines that such change is, or may be, in conflict with any applicable law or court order, or with the claims of any other person.

X _____
Signature of claimant/payee or claimant/payee's guardian[1]

X _____
Signature of joint claimant/payee or joint claimant/payee's guardian[1,2]

_____
Name of claimant/payee or claimant/payee's guardian

_____
Name of joint claimant/payee or joint claimant/payee's guardian

_____
Date (mm/dd/yyyy)

_____
Date (mm/dd/yyyy)

[1] If any claimant or joint claimant is a minor or lacks legal capacity, this form must be signed by the legal guardian responsible for the custody and care of such claimant's financial interests with respect to the SSA Contract identified herein.

[2] If amounts due under the annuity identified herein are payable jointly to two or more claimants, all such claimants must sign this form.

4. Return instructions *Please return this form completed and signed to:*

By mail:
The Prudential Insurance Company of America
Prudential Retirement
P.O. Box 70197
Philadelphia, PA 19176

By email:
SS.Operations@Prudential.com

By fax:
1-877-778-2329

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