



Instructions For Choosing Your Beneficiary

Please print using blue or black ink. Keep a copy of this form for your records and return the original to your Benefits Office.

Plan Provisions

For Married Participants: Upon your death, a portion of your benefit may be payable to your spouse unless the Spousal Consent on the reverse side 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 will not be able to pay benefits in accordance with the community property laws of your State.

Note: Even if your current beneficiary is a trust or estate of which your spouse is a beneficiary, spousal consent is necessary. Without such waiver and consent, the death benefit cannot be paid until the Plan has consulted with counsel.

Please be careful in completing the form; be sure that your designation is accurate, clear and understandable.

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.
- E. If a Trust is named as beneficiary, any payment to the Trust will be made as if the Trustee is acting in such fiduciary capacity until written notice to the contrary is received.

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. **"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.



Beneficiary Designation Form

SAN DIEGO UNIFIED PORT DISTRICT EES' DCP PLAN

About You

(Please print using blue or black ink.)

Plan number 006128 Sub plan number Marital status Married Single, widowed or legally divorced

Social Security number Daytime telephone number area code

First name MI Last name

Address

City State ZIP code

Are you still employed by the employer sponsoring the plan? Yes No

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.

(A) Primary Beneficiary(ies) FULL LEGAL NAME Address Social Security number Percentage Date of birth My Relationship

(B) Secondary Beneficiary(ies) FULL LEGAL NAME Address Social Security number Percentage Date of birth My Relationship

FULL LEGAL NAME Address Social Security number Percentage Date of birth My Relationship

FULL LEGAL NAME Address Social Security number Percentage Date of birth My Relationship

Please use whole percentages - must total 100%.

Please use whole percentages - must total 100%.

Spousal Consent

I am the spouse of the participant, and I understand that I am entitled to receive my community interest of the account upon the participant's death in accordance with the community property laws of my State. By signing this consent, I will not receive the 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.

X Date

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

Notary Stamp or Seal

Subscribed and sworn before me on the day of the year

My notary commission expires with the state of

Signature of notary or authorized plan representative

X Date

Your Authorization

Signature X Date

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