



## 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.

### **1. Information about the Deceased Account Holder**

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

Name of Alliance Account Holder (first name, middle initial, last name): \_\_\_\_\_

Social Security Number of Account Holder: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

### **2. Claimant Information (This section is to be completed by the individual claiming death benefits.)**

Your Name (first name, middle initial, last name): \_\_\_\_\_

Your Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Your SSN / TIN: \_\_\_\_\_

Your Daytime Telephone: ( ) - \_\_\_\_\_ Your Evening Telephone: ( ) - \_\_\_\_\_

Your Email Address: \_\_\_\_\_

### **3. 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Alliance Account Holder: \_\_\_\_\_

### **Please return to:**

**Prudential Alliance Account Service**

**PO Box 535486**

**Pittsburgh, PA 15253-5486**

1-877-255-4262, Monday – Friday, 8 AM – 7 PM (EST)

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.