



THE BRIGHT CHOICE

301

Spousal Waiver

Deferred Salary Plan of the Electrical Industry

Instructions

Please print using blue or black ink. Send completed form to the following address or fax it to 1-866-439-8602. If faxing, please keep original for your records. **We are unable to accept a fax copy with a RAISED SEAL on forms witnessed by a notary public. However, a notary stamp may be faxed.**

Prudential
30 Scranton Office Park
Scranton, PA 18507-1789

Questions?
Call 1-877-JIB-401K
for assistance.

Participant Information

Plan number

3 0 0 5 1 0

Sub plan number

0 0 0 0 0 1

Social Security number

_____ - _____ - _____

Daytime telephone number

_____ - _____ - _____
area code

First name

MI Last name

_____ | _____

Address

City

State

ZIP code

_____ - _____

Date of birth

 / /
month day year

E-mail

Marital status: Married* (complete 'spousal waiver' section)

Not married



***For Married Participants**

Spousal Waiver

(We are unable to accept a fax copy notarized with a Raised Seal.)

As the spouse of (employee/participant name) _____, a participant in the Deferred Salary Plan of the Electrical Industry (the "Plan"), I (name of spouse) _____ hereby consent to my spouse's agreement to borrow an amount or amounts from the Plan on the terms and conditions set forth in its Loan Program. I understand that by giving this consent I am allowing my spouse to pledge as collateral for a loan from the Plan up to fifty percent (50%) of the vested balance in the Plan that would otherwise be payable for my benefit in the event of the death of my spouse. I also understand to the extent that my spouse fails to repay any part of the loan from the Plan, the unpaid balance will be collected by reducing my spouse's vested account balance in the Plan or by reducing the amount of any distribution made from my spouse's account in the Plan. I further understand that once I have given this consent, I cannot withdraw it as any loan made to my spouse within (180) days of the date below.

X _____ Date _____

Spouse's signature - must be witnessed by a notary public. Spouse and Notary must sign and date the form at the same time and on the same date. The dates must match.

(Seal/Stamp)

Subscribed and sworn before me on the _____ day of _____, the year _____

State of _____, County of _____

My commission expires _____

X _____

Notary's signature

Your Authorization

Current plan rules require your plan sponsor to notify you, in writing, of certain requirements you must meet to receive a loan from your retirement plan. By signing the approval section below, you affirm that you have received a written notice describing the general tax rules applicable to this loan and you will receive a loan from your retirement plan without delay. You also understand that Prudential will rely on the information you provided in processing your request.

You have 180 days to complete and return this form. If you do not complete and return this form within 180 days, you will need to reinitiate your loan by logging on to the website at jib.retirepru.com, or by contacting our office at 1-877-JIB-401K.

You must provide your signature below.

X _____ Date _____

Participant's signature must be witnessed by a notary public. Participant and Notary must sign and date the form at the same time and on the same date. The dates must match.

(Seal/Stamp)

Subscribed and sworn before me on the _____ day of _____, the year _____

State of _____, County of _____

My commission expires _____

X _____

Notary's signature

Social Security number _____