

## Group Life Beneficiary Designation/Change

## IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

Use this form to designate or make changes to the beneficiary(ies) of your Group Insurance death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary and you may change your beneficiary at any time by completing a new Group Insurance Beneficiary Designation/Change form and filing it with your Benefits Administrator or Prudential. Common designations include individuals, estates, corporation/organizations and trusts. **Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract.** Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply.

## HELPFUL DEFINITIONS

**Primary Beneficiary(ies):** The person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. If a primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary, unless otherwise specified by you.

**Secondary Beneficiary(ies):** The person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. If a contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining secondary beneficiaries in equal shares or all to the sole remaining secondary beneficiary, unless otherwise specified by you.

## TO DESIGNATE A PRIMARY OR SECONDARY BENEFICIARY, COMPLETE THE FOLLOWING SECTIONS:

## 1. EMPLOYEE INFORMATION

- All information in this section is required.
- **NOTE: Unless otherwise indicated in Section 2, the information supplied on the form will apply to ALL coverages offered under the employer's group plan.**

## 2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one secondary beneficiary. This form allows you to name up to five beneficiaries. Please indicate Primary or Secondary for each beneficiary designated. If you need additional space, photocopy the appropriate page and return.
- Please indicate the percentage share designated to each beneficiary. **The total for all primary beneficiaries must equal 100%.** If no percentages are specified, the proceeds will be split evenly among those named. Payment will be made to the named beneficiary. If there is no named beneficiary, or the named beneficiary predeceased the insured, settlement will be made in accordance with the terms of your Group Contract. **The percentage for all secondary beneficiaries must also equal 100%.** If no percentages are specified, the proceeds will be split evenly among those named.
- You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:
  - Individual:** "Mary A. Doe"
    - \* Each name should be listed as first name, middle initial, last name ("Mary A. Doe," not "Mrs. M. Doe")
    - \* Include the address, relationship and Social Security number for each individual listed.
    - \* Indicate the percentage to be assigned to each individual.
  - Estate:** "Estate of the Insured"
    - \* Select "Other" as the Beneficiary Description and write "Estate" in the blank space provided.
    - \* Indicate the percentage to be assigned to the Estate of the Insured.

**Corporation/Organization:** "ABC Charitable Organization"

- \* Select "Corporation/Organization" as the Beneficiary Description.
- \* Write the legal name of the corporation or organization in the space for the Beneficiary's First Name.
- \* You must provide the address, city and state of operation for each organization or corporation listed.
- \* Indicate the percentage to be assigned to the corporation or organization.

**Guardian:** "John M. Doe as Guardian for Jane M. Doe."

- \* Select "Other" as the Beneficiary Description and write "Guardian" in the blank space provided.
- \* Write in the name, address, and Social Security number of the Guardian.
- \* In the Relationship space, write "As Guardian for <insert the legal name of the Ward>."
- \* Indicate the percentage to be assigned to the Guardian for the benefit of the Ward.

## 3. TRUST DESIGNATION: "The John Doe Trust. A Trust with a trust agreement dated 1/1/99 whose Trustee is Jane Smith."

- \* Please complete Section 3, on page 5, if selecting a Trust as a Beneficiary Designation.
- \* Indicate if the Trust is a Primary or Secondary beneficiary.
- \* Indicate the percentage to be assigned to the trust.
- \* If you are naming a trust as a primary or secondary beneficiary, fill in the name and address for each trustee.
- \* Fill in the title and date of the Trust Agreement in the space provided.

## 4. AUTHORIZATION/SIGNATURE

- The employee must read, sign and date the authorization.
- Submit the completed form to Prudential and keep a copy for your records.





SSN input boxes

1 Employee Information

All the information in this section is required. Unless otherwise indicated on page 4, this Beneficiary Designation/Change form applies to ALL coverages offered under my Employer's group plan.

First Name, MI, Last Name input boxes

Address 1, Social Security Number input boxes

Address 2, Date of Birth (MM DD YYYY) input boxes

City, State, Zip input boxes

Daytime Telephone Number, Home Telephone Number input boxes

Gender (Male/Female), Marital Status (Married/Single/Divorced/Widowed) checkboxes

Employer/Policyholder: COMMONWEALTH OF PENNSYLVANIA

Control Number (0091475), Date Hired, Retirement Date (if applicable) input boxes

2 Beneficiary Designation

I hereby revoke any previous designations of primary beneficiary(ies) and secondary beneficiary(ies), if any, and in the event of my death, designate the following:

Primary Beneficiary If selecting a Trust, please go to Section 3.

Description: Individual, Corporation/Organization, Other checkboxes and text box

First Name, MI, Last Name input boxes

Address 1 input box

Address 2, Telephone Number input boxes

City, State, Zip input boxes

Relationship, Share (%) input boxes

Please be sure to sign and date Page 5 of this form prior to mailing.





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## 2 Beneficiary Designation (Cont'd.)

Primary Beneficiary  Secondary Beneficiary

Description

Individual  Corporation/Organization  Other

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First Name

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MI

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Last Name

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Address 1

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Address 2

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City

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Relationship

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Share

□□□□ %

Primary Beneficiary  Secondary Beneficiary

Description

Individual  Corporation/Organization  Other

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First Name

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Relationship

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Share

□□□□ %

**Please be sure to sign and date Page 5 of this form prior to mailing.**





SSN input boxes

2 Beneficiary Designation (Cont'd.)

Primary Beneficiary Secondary Beneficiary

Description: Individual, Corporation/Organization, Other

First Name, MI, Last Name

Address 1

Address 2, Telephone Number

City, State, Zip

Relationship, Share %

Primary Beneficiary Secondary Beneficiary

Description: Individual, Corporation/Organization, Other

First Name, MI, Last Name

Address 1

Address 2, Telephone Number

City, State, Zip

Relationship, Share %

If additional Beneficiaries are being named, photocopy this page and return.

If you do not want all of the above designations applied to all coverage(s) you must complete a separate form for each coverage.

This form applies ONLY to my: [ ] coverage(s).

Please be sure to sign and date Page 5 of this form prior to mailing.





SSN input boxes

3 Trust Designation (Cont'd.)

Primary Secondary

And successor(s) in trust, as Trustee(s) under (Title of Agreement)

Title of Agreement input box

Trustee Name and MI input boxes

Address 1 input box

Address 2 and Telephone Number input boxes

City, State, and Zip input boxes

Agreement Date and Share % input boxes

Dated as amended and executed by me and said Trustee.

Primary Secondary

And successor(s) in trust, as Trustee(s) under (Title of Agreement)

Title of Agreement input box

Trustee Name and MI input boxes

Address 1 input box

Address 2 and Telephone Number input boxes

City, State, and Zip input boxes

Agreement Date and Share % input boxes

Dated as amended and executed by me and said Trustee.

4 Authorization/Signature

I authorize Prudential or my employer to record and consider the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable employee benefit plans...

Employee's Signature X

Date (MM DD YYYY) input boxes

The employee must sign and date this form. The signature date must be the date the employee actually signed the form.

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