Instructions for Change of Name/Beneficiary Form

Important Notice:

In order to ensure the accuracy of processing your Change of Name/Beneficiary Form, please clearly state the Name of the Insured, the Social Security Number and the Account Number. Any Beneficiaries designated herein will be for all Certificate/Notice(s) of Insurance unless otherwise noted.

Beneficiary Designation:

- Designate your beneficiary, and sign and date the form.
- Please note that the CPA is the PARTICIPANT OWNER OF THE SPOUSE INSURANCE and the PARTICIPANT'S signature is required on all beneficiary changes. Unless the insurance has been assigned to the spouse, the spouse should not sign the form.
- If coverage is ASSIGNED, the SIGNATURE OF THE ASSIGNEE is required to verity that he or she has knowledge of and has requested such changes.
- You may designate a trustee as beneficiary by:
 - Indicating "see attached" on the Beneficiary Form;
 - Completing one of the two trustee designations in Addendum A; and
 - Attaching Addendum A to the Beneficiary Designation Form.
- Please contact the Customer Service Department at **1-800-223-7473** if you have any questions.

Change of Legal Name:

State your old and new legal name, check the appropriate reason, and sign and date the form.

Directions

Please complete, sign, and return the form to:

Aon Insurance Services, Plan Agent 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034

Fax: 800-242-7248

Change of Name/Beneficiary Form

Please provide: Name of Insured:						
(First Name)		,	Name)			
Social Security# Account #	#: Am	ount of Insuranc	e: \$			
Important Notes : A copy of the endorsement of t Certificate of Notice(s) of Insurance in your Posses	he Beneficiary Provision/Chan sion. Do not send the Certifica	ge of Legal Nam ate or Notice(s) v	ne will be forwa with this form.	arded to you f	or attachment to	o the
A Beneficiary designated herein shall be entitled to Beneficiary designated in a higher priority. Two or indicated. If no Beneficiary designated herein is liven lineared, or if the insurance has been assigned to a	more Beneficiaries in the sam ring at the death of the Insure	e priority class s d, the proceeds :	shall be entitled shall be payabl	d to payment i e in one sum	in separate shar to THE ESTATE (es as
The Company in determining the existence, identit or otherwise, may rely solely on any affidavit or ot shall to the extent of such payment be a valid disc	her evidence deemed satisfac	tory by it, and ar	ny payment ma			
The proceeds referred to herein shall be the aggre amount, if any, becoming payable in accordance w	ith the Accidental Death and	Dismemberment	portion of the		of the coverage	and the
THE P	RUDENTIAL INSURANCE O	OMPANY OF A	AMERICA			
THE PRUDENTIAL INSURANCE COMPANY OF AMI Certificate/ Notice(s) of Insurance Number(s)						lows:
	Beneficiary Pr "See Important Notice					
If a death benefit is payable, the proceeds then pa Beneficiary(ies). designated below:	yable shall subject to any faci	lity of payment p	orovision which	n may apply, b	e payable to the)
Beneficiaries in Order of Priority:						
Primary						
Name* (First Name, Middle Name, Last Name)	Address (include city, state, ZIP)	Relationship	Telephone #	Date of Birth	Social Security #	% Share
☐ Please check if attaching additional beneficiary	l designation information.			Total (Mus	Lequal 100%)	100%
Contingent						
Name* (First Name, Middle Name, Last Name)	Address (include city, state, ZIP)	Relationship	Telephone #	Date of Birth	Social Security #	% Share
					,	
☐ Please check if attaching additional beneficiary	designation information.	1		Total (Mus	<u>l</u> t equal 100%)	100%
*If a Trust is named as a beneficiary, please includ	le name of trustee.					
Signature of CPA Participant (or assignee, if a ln cases where coverage has been assigned, signal	applicable) Xturn of Assignee is required.					
Dated atthisc	day of, 2	20				

Group Life coverage is issued by The Prudential Insurance Company of America. a New Jersey company, 751 Broad Street Newark, NJ 07102. 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. California COA #1179, NAIC: 68241. Contract Series 83500 and 89759.

GL.2007.148 Ed 5/2012

Change of Legal Name

From:		
(First Name)	(Middle Initial)	(Last Name)
To:		
(First Name)	(Middle Initial)	(Last Name)
Reason:		
MARRIAGE		
DIVORCE Court Order		
Signature of Insured: X		
Date:,	20	
Plan Agent Use:		
Account#:		
Account#		
Name::(First Name)		
(First Name)	(Last Name)	
Certificate/Group Contract Number(s): _		,
Date: 20		
Date: , 20		

Addendum A

(Street) Indicated successor(s) in trust, as Trustee(s) under	(City) ment) ne and said Trustee(of any executed Trusts the right to assume ntial at its Group Life vill not have to make e is required. t has been set forth admitted to probate orth in my Will and of	t Agreement and doe that the Trustee(s) e Claim office. If Prue payment(s) again. in your Will)	is acting in a idential makes an
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ignature of CPA Participant (or assignee, if applicable) X a cases where coverage has been assigned signature of Assignee ate:, 20	payment(s) again. It signate my estate as Prudential will not h	acting in a fiduciary itial makes any payr f for any reason no s beneficiary. If Prud lave to make payme	capacity until ment(s) to the trustee under and lential makes any ent(s) again.
Plan Agent Use:			
ccount#:			
ame:: (First Name)	(Last Name)		
, ,			
ertificate/Group Contract Number(s):,,			

Aon Insurance Services, a division of AIS Affinity Insurance Agency, CA License 10795465. Aon Insurance Services, a division of Affinity Insurance Services, Inc.; in CA, MN, and OK, Aon Insurance Services is a division of AIS Affinity Insurance Agency, Inc.; and in NH and NY. Aon Insurance Services is a division of AIS Affinity Insurance Agency.