

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 verify 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) (Last Name)

Social Security# _____ - _____ - _____ Account #: _____ Amount of Insurance: \$ _____

Important Notes: A copy of the endorsement of the Beneficiary Provision/Change of Legal Name will be forwarded to you for attachment to the Certificate of Notice(s) of Insurance in your Possession. Do not send the Certificate or Notice(s) with this form.

A Beneficiary designated herein shall be entitled to payment only if he or she is living at the death of the Insured and if there is not then living a Beneficiary designated in a higher priority. Two or more Beneficiaries in the same priority class shall be entitled to payment in separate shares as indicated. If no Beneficiary designated herein is living at the death of the Insured, the proceeds shall be payable in one sum to THE ESTATE of the Insured, or if the insurance has been assigned to a natural individual, to such assignee, if living, otherwise to the estate of the assignee.

The Company in determining the existence, identity, age or any other facts related to any person designated as Beneficiaries herein, either as a class or otherwise, may rely solely on any affidavit or other evidence deemed satisfactory by it, and any payment made by the Company in reliance thereon shall to the extent of such payment be a valid discharge of the Company's obligation under the group contract.

The proceeds referred to herein shall be the aggregate of the amount payable in accordance with the Life Insurance portion of the coverage and the amount, if any, becoming payable in accordance with the Accidental Death and Dismemberment portion of the coverage.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA (hereafter referred to as the Company) is hereby requested to change the Certificate/ Notice(s) of Insurance Number(s) _____, _____, _____, _____, _____, as follows:

Beneficiary Provision

"See Important Notice on Page I"

If a death benefit is payable, the proceeds then payable shall subject to any facility of payment provision which may apply, be payable to the Beneficiary(ies). designated below:

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
Total (Must equal 100%)						100%

Please check if attaching additional beneficiary designation information.

Contingent

Name* (First Name, Middle Name, Last Name)	Address (include city, state, ZIP)	Relationship	Telephone #	Date of Birth	Social Security #	% Share
Total (Must equal 100%)						100%

Please check if attaching additional beneficiary designation information.

**If a Trust is named as a beneficiary, please include name of trustee.*

Signature of CPA Participant (or assignee, if applicable) X _____

In cases where coverage has been assigned, signature of Assignee is required.

Dated at _____ this _____ day of _____, 20_____.

