

## 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. 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.**

**DEFINITIONS** - You may find the following definitions helpful in completing this form:

**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. In the event that a designated 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.

**Contingent 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. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

## INSTRUCTIONS FOR DESIGNATING A PRIMARY OR CONTINGENT BENEFICIARY

### 1. INSURED'S INFORMATION

- All information in this section is required.
- Check the policies this form applies to.

### 2. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiary. This form allows you to name two primary and two contingent beneficiaries. If you need additional space, please attach a separate sheet of paper.
- Please indicate the percentage share designated to each primary 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. **If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.**
- 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, Date of Birth Telephone Number 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.

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

- \* Select "Trust" as the Beneficiary Description.
- \* Indicate the *percentage to be assigned to the trust.*
- \* *Complete Section 3, Trust Designation.*

### 3. TRUST DESIGNATION

- Complete this section if you have named a trust as a primary or contingent beneficiary in Section 2. Fill in the name and address for each trustee.
- Fill in the title and date of the Trust Agreement in the space provided.

### 4. TRUSTEE (UNDER WILL) DESIGNATION – check in space provided

### 5. AUTHORIZATION/SIGNATURE

- The CPA participant must read, sign, and date 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.**
- Submit the completed form to Aon Insurance Services and keep a copy for your records.

Group Life, GVUL, and Accidental Death and Dismemberment coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Group Variable Universal Life Insurance (Contract Series: 89759) is distributed by Prudential Investment Management Services LLC, Three Gateway Center, 14th Floor, Newark, NJ 07102-4077, a registered broker/dealer and a Prudential Financial company. 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. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract series: 83500 and 89759. Aon Insurance Services, is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc.; (AR 244489); in CA, MN & OK, AIS Affinity Insurance Agency, Inc. (CA 0795465); in CA, Aon Affinity Insurance Services, Inc., (0G94493), Aon Direct Insurance Administrators and Berkley Insurance Agency and in NY, AIS Affinity Insurance Agency. © 2015 Prudential Financial, Inc. and its related entities. Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.



**Group Insurance Beneficiary Designation/Change**

Mail or Fax to: AICPA Insurance Trust

Aon Insurance Services

1100 Virginia Drive, Suite 250

Fort Washington, PA 19034-3278

Fax: 800-242-7248

**1. INSURED'S INFORMATION** (please print)

|  |            |                                  |                                   |  |                 |                                     |               |                               |  |
|--|------------|----------------------------------|-----------------------------------|--|-----------------|-------------------------------------|---------------|-------------------------------|--|
| Last Name  | First Name | MI                               | Has this insurance been assigned? | <input type="checkbox"/> Yes <input type="checkbox"/> No                   | Account # _____ |                                     |               |                               |  |
| Address  | City       | State                            | ZIP Code                          | Address Change<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Daytime Phone   | Home Phone                          | Date of Birth |                               |  |
| <b>Name of Group Policyholder:</b> AICPA Insurance Trust |            |                                  |                                   |  |                 |                                     |               |                               |  |
| This Beneficiary Designation/Change form applies to:     |            |                                  |                                   |  |                 |                                     |               |                               |  |
| <input type="checkbox"/> CPA                             |            | <input type="checkbox"/> Spouse  |                                   | <input type="checkbox"/> LPT   |                 | <input type="checkbox"/> Spouse LPT |               | <input type="checkbox"/> GVUL |  |
| <input type="checkbox"/> Staff                           |            | <input type="checkbox"/> CPA.com |                                   | <input type="checkbox"/> E000  |                 |                                     |               |                               |  |

**2. BENEFICIARY DESIGNATION:** I hereby revoke any previous designations of primary beneficiary(ies) and contingent beneficiary(ies), if any, and in the event of the insured's death, designate the following:

**A. Primary Beneficiaries**

| Beneficiary Description (check one)  | First Name | MI | Last Name | Address (include city, state, ZIP) | Relationship | Date of Birth | SSN/Tax ID Number | Phone | % Share |
|--|------------|----|-----------|------------------------------------|--------------|---------------|-------------------|-------|---------|
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____         |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____         |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <b>TOTAL: (must equal 100%)</b>  |            |    |           |                                    |              |               |                   |       |         |

**B. Contingent Beneficiaries**

| Beneficiary Description (check one)  | First Name | MI | Last Name | Address (include city, state, ZIP) | Relationship | Date of Birth | SSN/Tax ID Number | Phone | % Share |
|--|------------|----|-----------|------------------------------------|--------------|---------------|-------------------|-------|---------|
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____         |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Individual <input type="checkbox"/> Other _____         |            |    |           |                                    |              |               |                   |       |         |
| <input type="checkbox"/> Trust <input type="checkbox"/> Corporation/Organization |            |    |           |                                    |              |               |                   |       |         |
| <b>TOTAL: (must equal 100%)</b>  |            |    |           |                                    |              |               |                   |       |         |

**3. TRUST DESIGNATION - COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY IN SECTION 2**

|   |   |
|---|---|
| <b>Trustee's Name (First, MI, Last)</b> | <b>Address (include city, state, ZIP)</b> |
|   |   |

And successor(s) in trust, as Trustee(s) under \_\_\_\_\_ dated \_\_\_\_\_ as amended and executed by me and said Trustee.  
Title of Agreement Date of Agreement

**4. TRUSTEE (UNDER WILL) DESIGNATION (CHECK HERE)**

**5. AUTHORIZATION/SIGNATURE** I authorize Aon Insurance Services, the Plan Agent, to record and consider the individuals/institutions that I have named on this form as beneficiaries for benefits under the applicable insurance benefit plans. If designating a trust as a beneficiary, I understand Prudential assumes no obligation as to the validity or sufficiency of any executed Trust Agreement and does not pass on its legality. In making payment to any Trustee(s), Prudential has the right to assume that the Trustee(s) is acting in a fiduciary capacity until notice to the contrary is received by Prudential at its Group Life Claim office. I agree that if Prudential makes any payment(s) to the Trustee(s) before notice is received, Prudential will not make payment(s) again.

Signature of CPA Participant (or assignee) **X** \_\_\_\_\_ Date \_\_\_\_\_

**The CPA Participant, or assignee if applicable, must sign and date this form. The signature date must be the date form is actually signed.**

|                       |  |
|-----------------------|--|
| <b>Plan Agent Use</b> | Acknowledged by AON Insurance Services, Plan Agent: _____ Date _____ |
|-----------------------|--|