

## 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 (EXCEPT your employer firm) 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.
- Unless otherwise indicated in Section 1, the information supplied on the form will apply to ALL coverages **offered by your EMPLOYER under the AICPA Group Insurance Trust.**

### 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 and 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.
- \* **IMPORTANT NOTICE:** You may not designate your employer Firm as beneficiary.

**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 insured 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 your Benefits Administrator or Human Resources (as directed by your employer) and keep a copy for your records.

Group Life and Accidental Death and Dismemberment Insurance coverages 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. 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. 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.

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**Group Insurance Beneficiary Designation/Change**

Mail or Fax to: AICPA Group 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Daytime Phone	Home Phone	Date of Birth
Name of Group Policyholder: AICPA Group Insurance Trust		Unless otherwise indicated below, this Beneficiary Designation/Change form applies to ALL coverages <u>offered by your EMPLOYER under the AICPA Group Insurance Trust</u> . This form applies only to my _____ coverage(s).					

**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**

Trustee's Name (First, MI, Last)	Address (include city, state, ZIP)

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 Insured (or assignee) **X** \_\_\_\_\_ Date \_\_\_\_\_

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

Plan Agent Use	Acknowledged by AON Insurance Services, Plan Agent: _____ Date _____
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