



# Group Insurance Beneficiary Designation/Change

### 1. EMPLOYEE INFORMATION (please print)

Last Name: \_\_\_\_\_ MI: \_\_\_\_\_ Employee ID # (if applicable): \_\_\_\_\_ Married  Widowed  Gender (check one) Has this insurance been assigned? Yes  No   
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Retirement (if applicable): \_\_\_\_\_  
 Name of Employer/Group Policyholder: \_\_\_\_\_ Group Policy No: \_\_\_\_\_ Unless otherwise indicated below, this Beneficiary Designation/Change form applies to ALL coverages offered under my employer's group plan. 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 my death, designate the following:

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, ZIP)	Relationship	Date of Birth	% 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							
<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>							

Beneficiary Description (check one)	First Name	MI	Last Name	Address (include city, state, ZIP)	Relationship	Date of Birth	% 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							
<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): \_\_\_\_\_  
 dated \_\_\_\_\_ as amended and executed by me and said Trustee.

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. 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. 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 that if Prudential makes any payment(s) to the Trustee(s) before notice is received, Prudential will not make payment(s) again.  
 Employee's Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_  
 The employee must sign and date this form. The signature date must be the date the employee actually signed the form.

**MAIL THE COMPLETED FORM TO: Johnson Rooney Welch, Inc., 2250 Douglas Boulevard, Suite 210, Roseville, CA 95661**

Group Life coverage is issued by The Prudential Insurance Company of America, 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. Prudential and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates.  
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