

4. Employee Beneficiary Designations

Last Name	First Name	MI	Social Security Number
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I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the primary beneficiary(ies) will receive payment upon my death. If all primary beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies). If no beneficiary is named, or no beneficiary survives me, payment will be made according to the terms of the Group Contract. I can change my beneficiary in the future by completing a new Beneficiary Designation Section. Insurance proceeds from Dependent Term Life Insurance coverage will be paid to me.

Primary Beneficiary

Last Name	First Name	MI	Social Security Number		
No.	Street	City	State	ZIP Code	
Relationship to You					Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>

Primary Beneficiary

Last Name	First Name	MI	Social Security Number		
No.	Street	City	State	ZIP Code	
Relationship to You					Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>

Contingent Beneficiary

Last Name	First Name	MI	Social Security Number		
No.	Street	City	State	ZIP Code	
Relationship to You					Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>

Contingent Beneficiary

Last Name	First Name	MI	Social Security Number		
No.	Street	City	State	ZIP Code	
Relationship to You					Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>

Contingent Beneficiary

Last Name	First Name	MI	Social Security Number		
No.	Street	City	State	ZIP Code	
Relationship to You					Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>

Contingent Beneficiary

Last Name	First Name	MI	Social Security Number		
No.	Street	City	State	ZIP Code	
Relationship to You					Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>

*If more than one primary or contingent beneficiary is designated, the total shares must equal 100% of your death benefit.

Employee Signature (Sign in ink.) _____ Date _____

Refer to the Booklet-Certificate for all plan details, including any exclusions, limitations, and restrictions, which may apply. Basic Term Life, Optional Term Life and Dependent Term Life coverage(s) are issued by The Prudential Insurance Company of America. Contract provisions may vary by state. (Contract Series: 83500.)

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