

The Prudential Insurance Company of America  
Pruco Life Insurance Company of New Jersey  
Pruco Life Insurance Company  
*All are Prudential Financial companies.*

**General Information and Instructions** *(Read the instructions about the change(s) you wish to make.)*

Review the accuracy of any pre-filled information. **Initial any corrections or deletions that you make to the preprinted text. If you do not, we may not be able to act upon your request.**

Return only the completed pages along with the Signature page to Prudential. **Do not send us your policy.**

We will record the change(s) and send a confirmation.

On these pages, *me, my, you, your,* and *I* refer to the owner(s). *We, us,* and *our* refer to the Prudential company that issued the policy.

If the arrangement you want is not on this form, please contact our Customer Service Office.

**Changing Your Beneficiary** *(Complete the Request to Change Beneficiary section.)*

Proceeds will be paid in a lump sum unless indicated otherwise in the **Additional/Special Beneficiary Requests** section. If information about a different method of payment was requested, we have enclosed **A Word About Settlement Options**. If you have not received it, contact our Customer Service Office.

It is important to understand the difference between primary (class 1), contingent (class 2), and tertiary (class 3) categories of beneficiaries.

- **Primary beneficiaries** will receive any proceeds payable at the insured's death.
- If no primary beneficiary survives the insured, the **contingent beneficiaries** will receive any proceeds.
- If neither primary nor contingent beneficiaries survive the insured, **tertiary beneficiaries** will receive any proceeds.

**Special Beneficiary Designations** *(Use the Additional/Special Beneficiary Requests section.)*

For the following designations, include the information shown in the quotations (as well as any other identifying information described in the **Additional/Special Beneficiary Requests** section) and identify whether the beneficiary is primary, contingent, or tertiary.

1. **Children as a group.** (This would include any legally adopted children.) *"Children of the insured."* If a child is not living and therefore not eligible to receive a payment, and such child's share is to be distributed equally to his or her surviving children, then write:  
*"Children of the insured, their children by representation."*

2. **Creditor beneficiary.**

- For a **business/organization creditor**  
*"(Corporation name) of (city, state), a corporation, its successors or assigns, creditor, as its interest may appear."*  
*"(Partnership name) of (city, state), a partnership, creditor, as its interest may appear."*
- For an **individual**  
*"(Individual's name), creditor, if living, otherwise his/her estate, as his/her interest may appear."*

For any **creditor** arrangement, be sure to indicate who is to receive any balance. *"Pay balance, if any, to Jane Smith, wife."*

3. **Percentages, fractions, dollars, and balance arrangements.**

- Percentage arrangement: *"Pay 75% to Jane Doe, wife, and 25% to John Doe, son."*
- Fraction arrangement: *"Pay ¾ to Jane Doe, wife, and ¼ to John Doe, son."*
- Dollar amount: *"Pay \$80,000, or the proceeds, if less, to Jane Doe, wife, and the balance, if any, to John Doe, son."*

**Note: Only one dollar amount can be shown.**

In the three examples above, if Jane Doe is not living when the insured dies, her share will not be payable to John Doe. If you want that share to be paid to the other beneficiary (or to someone else), then write:

*"Pay 75% to Jane Doe, wife, if living, otherwise to John Doe, son; and 25% to John Doe, son, if living, otherwise Jane Doe, wife."*

4. **Short Term Survivorship Provision.** If this provision is chosen, any beneficiary who dies after the insured (but within the period of days you specify) will be considered to have died before the insured. The specified period (from 1 to 30 days) must be indicated, as follows:  
*"Include Short Term Survivorship Provision of (1 to 30) days."*

**Additional Information Regarding the Beneficiary Change** *(Applies only when this form is used as confirmation of the change.)*

**When a beneficiary is designated to receive an equal distribution of proceeds:**

- One who survives the insured will have the right to be paid only if no one in a prior class survives the insured;
- One who has the right to be paid will be the only one paid if no one else in the same class survives the insured;
- Two or more in the same class will be paid in equal shares, but if children by representation are included in that class, the children by representation will only have the right to the share to which their deceased parent would have been entitled if that parent were then living; and
- If no beneficiaries survive the insured, we will pay any proceeds in one sum to the owner(s).

**When a beneficiary is designated to receive a dollar and balance distribution or a percentage or fraction distribution:**

- One who has the right to be paid will be the only one paid if no one else named to receive that distribution survives the insured;
- Two or more named to share in the same distribution will be paid in equal shares or to the survivor(s); and
- If no beneficiaries named to receive a distribution survive the insured, we will pay the amount of that distribution in one sum to the owner(s).

If this is a family policy, a parent-child policy, or a policy to which a spouse or dependent children's rider is attached, any insurance payable upon the death of an insured spouse and/or a dependent child will be payable in one sum to the owner(s).

Before we make a payment, we have the right to decide what proof we need of the identity, age, or any other facts about any beneficiary. If beneficiaries are not designated by name and we make payment(s) based on that proof, we will not have to make the payment(s) again.

In making a payment to any trustee, we have the right to assume that the trustee is acting in that fiduciary capacity until we receive written notice to the contrary. If we made any payment(s) to the trustee before we received the notice, we will not have to make the payment(s) again.

If a trustee under a revocable inter vivos trust agreement is designated as a beneficiary and the trust is not in effect at the insured's death, any amount payable to the trustee will be paid to any subsequent beneficiaries designated to receive that amount. If there is none, payment will be made to the owner(s).



# Request to Change Beneficiary on Life Insurance Policies

Please print using blue or black ink.

Initial any corrections or deletions that you make to the preprinted text.

## About Your Policy

You can use this form to make changes to more than one policy as long as each policy insures the same person(s) and has the same owner, and you are requesting the same changes for each policy.

Policy number(s) *(eight or nine characters)* \_\_\_\_\_

Name of insured *(first, middle initial, last name)* \_\_\_\_\_

Soc. Sec. no. \_\_\_\_\_

Name of joint insured, if any *(first, middle initial, last name)* \_\_\_\_\_

## Permanent Address Change Request

Complete this section **only** if you are requesting a permanent change in your address.

### Change address to:

Full address \_\_\_\_\_

Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Mailing Instructions

Unless otherwise indicated in this section, confirmation of the change(s) will be mailed to the owner at the address in our records.

Name of Recipient of confirmation *(first, middle initial, last name)* \_\_\_\_\_

Full address \_\_\_\_\_

## Request to Change Beneficiary *(This revokes all prior beneficiary designations.)*

All beneficiaries need to be restated even if they are not being changed. For example, if you are changing only the contingent beneficiary, you must restate the primary beneficiary. If more space is needed for additional beneficiaries, use the **Additional/Special Beneficiary Requests** section.

**A. To name individual beneficiary(ies), complete the following:**

Primary       Contingent       Tertiary

Name *(first, middle initial, last name)* \_\_\_\_\_

Relationship to insured \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. no. \_\_\_\_\_

Full address \_\_\_\_\_

Primary       Contingent       Tertiary

Name *(first, middle initial, last name)* \_\_\_\_\_

Relationship to insured \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. no. \_\_\_\_\_

Full address \_\_\_\_\_

Primary       Contingent       Tertiary

Name *(first, middle initial, last name)* \_\_\_\_\_

Relationship to insured \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. no. \_\_\_\_\_

Full address \_\_\_\_\_

Primary       Contingent       Tertiary

Name *(first, middle initial, last name)* \_\_\_\_\_

Relationship to insured \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. no. \_\_\_\_\_

Full address \_\_\_\_\_

*(continued)*

**Request to Change Beneficiary (continued)**

**B. To name a trustee under a trust agreement, complete the following:**

- Primary       Contingent       Tertiary

Name of current trustee(s) \_\_\_\_\_

\_\_\_\_\_

Date of trust agreement \_\_\_\_/\_\_\_\_/\_\_\_\_

**Trust agreement**

Irrevocable

Revocable

Name of trust \_\_\_\_\_

Full address \_\_\_\_\_

**C. To name the trustee under insured's will (testamentary trustee), complete the following:**

- Primary       Contingent       Tertiary

**Trustee under insured's will (testamentary trustee).** You may want to consult legal counsel before choosing this arrangement. We will only pay the trustee if the trustee is qualified by the probate court and we receive the trustee's written claim within 18 months after the insured's death. If permitted by law, a shorter qualifying period may be requested in **Additional/Special Beneficiary Requests**. If these conditions permitting payment to the trustee are not satisfied, any amount due the trustee as of the date of the insured's death will be payable as shown in this beneficiary arrangement to any subsequent class of beneficiaries designated, or, if there is none, to the insured's estate.

**D. To name the insured's estate as your sole beneficiary, check the following:**

- The insured's estate.** If choosing the insured's estate, no other beneficiary can be selected.

**E. To name a business/organization, complete the following:**

- Primary       Contingent       Tertiary

Name of business/organization \_\_\_\_\_

Full address \_\_\_\_\_

Type of **business/organization**

Corporation

Partnership

Sole Proprietorship

Limited Liability Company

Other \_\_\_\_\_

Name of sole proprietor (if applicable) \_\_\_\_\_

**Additional/Special Beneficiary Requests**

Use this section to name an additional beneficiary, a class or group not shown in the **Request to Change Beneficiary** section, or to select a payment option for your beneficiary.

**For each additional individual beneficiary or member of a class or group (e.g. "Children of the insured"), you must provide full name, relationship to the insured, age, Social Security number, address, and the category of beneficiary (primary, contingent, tertiary).**

\_\_\_\_\_  
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\_\_\_\_\_

**Signature(s)/Signature Requirements (Always complete.)**

Your request cannot be processed without the correct signature(s), date, and applicable documentation.

- For **corporations**, an authorized officer must sign. Be sure to include the title of the officer and the company name.
  - If **president** – no additional requirements
  - If **vice president** – for policies over \$1,000,000, provide a Corporate Secretary’s statement reflecting the vice president’s authority to sign
  - If **any other officer** – provide a corporate resolution
- For **limited liability companies**, the individual(s) authorized to act, along with title and company name. Also provide the document (e.g., operating agreement or articles of organization) that defines who is authorized to act for the company.
- For **partnerships** with at least two general partners, two authorized general partners must sign with the title “general partner” after each name (if only one, use “sole general partner”) and include the name of the partnership.
- For **sole proprietorships**, submit the signature of the owner, followed by “doing business as (company name), a sole proprietorship.”
- For **trusts**, each trustee must sign unless the trust itself or state law provides otherwise. Trustee must include trustee designation (for example, “John Doe, Trustee under Trust Agreement dated 1/1/1998”).
- A **holder of power of attorney** must provide a copy of the power of attorney and include, following his or her signature, the words “Attorney-in-fact for (owner’s name).”
- For a policy containing a **limitation of rights**, the person or entity in whose favor the rights have been limited must also sign.

**By signing this form, I:**

- certify that I am authorized to sign this form,
- authorize all request(s) made on this form, both preprinted and handwritten, which are subject to the terms and conditions of the policy,
- request a waiver of any policy provision that requires me to send Prudential the policy for endorsement of the change(s),
- certify that the policy(ies) is/are in my possession and that no other person has any claim or interest in it/them, except for a collateral assignee under any assignment now on record with Prudential,
- certify that if the owner is a corporation or partnership, that it is not under receivership, trusteeship, or conservatorship, and/or has not been dissolved, and if a partnership, that no notice of disassociation has been filed by any partner, and
- understand that any endorsement that Prudential may issue will conform to its rules and practices.

**X** \_\_\_\_\_  
 Current owner's signature and date signed Current month/day/year

**X** \_\_\_\_\_  
 Current joint owner's signature(s) (if applicable) and date signed Current month/day/year

\_\_\_\_\_  
Signer's title for business or trust owner

\_\_\_\_\_  
Company name

**For Massachusetts residents only**

State law requires that a disinterested adult, who is not a party to the policy, witness any request to change the beneficiary arrangement. Your Prudential representative may sign as a witness.

**X** \_\_\_\_\_  
 Witness' signature (Massachusetts only)

<b>For Prudential Use Only</b>	Contract/Agency _____ Prudential representative _____
	Submitting office _____ RMO _____