

# Beneficiary Designation Form

Insured Member: \_\_\_\_\_  
 Certificate Number: \_\_\_\_\_  
 Insurance Carrier: The Prudential Insurance Company of America

Please print in blue/black ink, or type beneficiary information below.

I hereby revoke any previous primary/contingent beneficiary designations, if any, and in the event of my death, designate the following:

**Primary Beneficiary(ies): To Receive proceeds if living at the time of insured's death.**

Type of Beneficiary	First Name	Last Name	SS# / *TIN#	Date of Birth/ *Creation Date	Complete Address and phone #	Relationship	% Share
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust* <input type="checkbox"/> Corp./Org.*							
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust* <input type="checkbox"/> Corp./Org.*							
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust* <input type="checkbox"/> Corp./Org.*							
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust* <input type="checkbox"/> Corp./Org.*							

\*\* Total (Must equal 100%)

**Contingent Beneficiary(ies): To Receive proceeds if living at the time of Insured's death and primary beneficiary(ies) are not living.**

Type of Beneficiary	First Name	Last Name	SS# / *TIN#	Date of Birth/ *Creation Date	Complete Address and phone #	Relationship	% Share
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust* <input type="checkbox"/> Corp./Org.*							
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust* <input type="checkbox"/> Corp./Org.*							
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust* <input type="checkbox"/> Corp./Org.*							
<input type="checkbox"/> Individual <input type="checkbox"/> Other _____ <input type="checkbox"/> Trust* <input type="checkbox"/> Corp./Org.*							

\*\*Total (Must equal 100%)

*Trust Designation- Only Complete If naming a Trust as a Beneficiary			
Title of Trust and Date of Agreement/Creation Date	Trustee's Complete Name	Address of Trustee	Tax ID Number

The above designations apply to:  All Life/AD&D insurance coverage I hold  Just the certificate noted

Is this coverage "Assigned"?  No  Yes, then the Assignee is the only person having any right to change the beneficiary and must sign the form instead of you.

## SIGNATURE

I authorize Prudential to record and consider the individual/institutions that I have named on this form as beneficiaries for the benefits under the applicable 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.

X

X

X

Insured/Assignee Printed Name

Insured/Assignee Signature

Sign Date

\*\*The total must equal 100%. If no percentages are specified, the proceeds will be split evenly among those named.

\* The Tax ID # (TIN) and the Creation date are required if naming a Trust or a Corporation/Organization as a beneficiary.

Life and AD&D coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Please refer to the Booklet-Certificate for all plan details, including any exclusions, limitations and restrictions, which may apply. Contract series: 83500, 31300 G.2005.293 CS-3016

For Office Use Only Acknowledged and Recorded  
 Date \_\_\_\_\_ By \_\_\_\_\_

### Beneficiary Designation Instructions

- Please Type or Clearly Print in **Blue or Black Ink**
- Only **complete for the Member Only**. Per certificate language, the spouse's beneficiary is automatically the member, and cannot be designated otherwise.
- **Please complete All of the Required Information.**
- If making **corrections** on the form, please cross through the information and initial the change. **(Required)**
- If **Assigning Multiple Beneficiaries** (Primary or Contingent) please provide the percentage share of the benefit you want each to receive.
  - Each the Primary and Contingent (if naming a Contingent) beneficiaries **must Total 100%**. (only percentages and fractions are accepted.) *If No Percentage shares are indicated benefits will be divided equally.*
- **Creation Date and Tax ID# (TIN)** are needed if naming a Trust or a Corporation as a Beneficiary. **(Required)**
- If **Additional Paper** is needed please:
  - Write "**See Attached**" and the page number (1 of \_\_\_\_, 2 of \_\_\_\_, etc) on the Beneficiary Form and Sign and Date (mm/dd/yyyy) all Attached documents **(Required)**
- Please Do **NOT** write in the "For Office Use" only box.
- Return your completed form to the following address:  
**NEA Insurance Operations**  
**PO Box 9389**  
**Des Moines, IA 50306-9389**

### Completing the Beneficiary Form

1. Print Insured (Member's) name on the Insured Member: line
2. Designate a **Primary Beneficiary (Required)**
3. Designate a **Contingent Beneficiary (Optional)**
4. Provide the **Date of Birth** for all Beneficiaries named. **NOTE: Beneficiaries must be 18 years of age and/or older unless a Custodian and/or Trustee and Trust is named.** *(Custodian and/or Trustee and Trust information must be provided on the beneficiary form. Please be as detailed as possible.) (Required)*
5. Provide the **Social Security Number** for all beneficiaries named. **(Required)**
6. Complete the **Trust Box (Required Only if naming a Trust as a beneficiary.)**
7. Check one of the choices for "The above designations apply to" boxes.
8. **Sign** the Beneficiary form on the Bold line at the bottom of the form. **(Required)**
9. Provide a current **Sign Date** in a MM/DD/YYYY format. **(Required)**

### Instructions For naming a Trust

- If **naming a Trust** Provide Information for named Trust within the Beneficiary box and **Complete the Trust Box** *(Please only complete the box if you are naming a Trust as a Beneficiary)* **(All Fields are Required)**
1. If you are designating a **Testamentary Trust** as a Primary or Contingent beneficiary you **do not** need to submit a copy of your will.
    - a. **List the name of the trust** as created in the last will and testament and **the name of the individual who will establish the trust (the Trustee)**.
    - b. Provide the **Title of Agreement** and **Date the Agreement/Creation Date** was established in the Trust box.
    - c. Provide the **Tax ID #** of the Trust (TIN)
  2. If you are designating a **Living Trust** as your beneficiary, (You do not need to submit any of the Trust documentation at this time.)
    - a. Provide the **Title of Agreement** and **Date of the Agreement/Creation date**
    - b. Provide the **Name and Complete address of the Trustee**
    - c. Provide the **Tax ID#** of the Trust (TIN)

### Gift Assignment

1. You, the member, must sign the Beneficiary Designation form unless you have assigned all rights to the insurance under a **Gift Assignment**.
2. If you have made such an assignment, the Assignee is the only person having any right to change the beneficiary and that Assignee must sign the form instead of you.

### Designating an Irrevocable Beneficiary

1. If you are designating an **Irrevocable Beneficiary** – one that cannot be changed without consent of the beneficiary – please indicate this information on the form.

If you have any questions when completing this form, please contact an NEA Member Service Advocate at 1-800-523-5877, Monday through Friday, 7 a.m. to 8 p.m. CST.