

# REQUEST TO SELECT/CHANGE BENEFICIARY

For use by structured settlement claimants/payees only

## Instructions

Use this form to change the beneficiary(ies) of amounts due under a structured settlement annuity contract (SSA Contract) issued by Prudential. If you die, your beneficiary(ies) will receive the guaranteed payments payable after your death that have not already been paid to you. To use this form, a claimant/payee must be an individual and not a business or other legal entity. If amounts due under the SSA Contract are payable jointly to two or more claimants/payees, all such claimants/payees must sign this form.

A single form may be used to make changes to more than one SSA Contract as long as:

1. All such SSA Contracts are owned by the same financial institution;
2. All such SSA Contracts provide for payment(s) to the same claimant(s); and
3. Beneficiary designations requested in this form will apply to all such SSA Contracts.

To complete this form, please:

1. Read the **About beneficiary designation** section below.
2. Review the accuracy of any information that we may already have completed for you. Be sure to initial any corrections or deletions that you make.
3. Complete pages 2 through 4, as appropriate. Section 4 must be completed in full, including the date and all required signatures.
4. Return pages 2 through 4 to Prudential. Keep page 1 for your information. Please do not send us a copy of the contract. We will send you a confirmation of the change(s).

When used in these pages (unless otherwise indicated) the terms you, your, me and I mean the claimant/payee, and joint claimant/payee, if any. We, us and our mean The Prudential Insurance Company of America.

## About beneficiary designation

You may designate beneficiaries either by name, including their relationship to the claimant/payee (“Jane Doe, wife”), or by class or group (“children of the claimant/payee”). Designating beneficiaries by name ensures accuracy. When designating beneficiaries, it is important to understand the difference between primary, contingent and tertiary categories of beneficiaries.

- Primary beneficiaries will receive any guaranteed payments payable after your death that have not already been paid to you.
- If no primary beneficiary survives you, the contingent beneficiaries will receive the guaranteed payments that have not already been paid to you.
- If neither primary nor contingent beneficiaries survive you, tertiary beneficiaries will receive the guaranteed payments that have not been paid to you.

If your beneficiary designations cannot be described using this form, please send us a separate letter with this information. We will contact you if necessary. Although it is not required, we suggest that you seek legal advice if your beneficiary designations are too complex for this form.

If you would like to designate your estate as your beneficiary, please check only the appropriate box at the end of Section 3. You do not need to complete any other part of Section 3.

Please print using blue or black ink. See instructions on page 1 before completing.

## 1. About the claimant/payee

First name of claimant

Middle initial

Last name of claimant

Claimant address

Apt

City

State

ZIP code

New address?  Yes

Daytime telephone number

No

Evening telephone number

If you selected **Yes**, we will mail confirmation to this address with a **Request to Change Address** form. Tell us the best time to reach you if we have questions about this form.  Daytime  Evening

## About the joint claimant/payee (if any)

First name of joint claimant

Middle initial

Last name of joint claimant

Please complete the following only if any of your information is different from the claimant.

Joint claimant address

Apt

City

State

ZIP code

New address?  Yes

Daytime telephone number

No

Evening telephone number

If you selected **Yes**, we will mail confirmation to this address with a **Request to Change Address** form. Tell us the best time to reach you if we have questions about this form.  Daytime  Evening

## 2. About the annuity contract

Name of owner (the contract owner's name as shown on the first page of the annuity contract)

Contract number(s)

### 3. Your beneficiary selection(s)/changes(s)

**Individual Beneficiary(ies).** List below your individual beneficiary designation(s). Unless you state otherwise, all beneficiaries within a category (i.e., primary, contingent, tertiary) will be paid in equal shares. If any member of a category dies before becoming entitled to receive payments under the SSA Contract(s), the surviving members of such category will receive in proportion to their relative share rights those shares that would have been distributed to the deceased member.

**Primary**

First name	Middle initial	Last name	
Street	City	State	ZIP code
Relationship	Date of birth	Social Security number	Telephone number

**Primary**  **Contingent**

First name	Middle initial	Last name	
Street	City	State	ZIP code
Relationship	Date of birth	Social Security number	Telephone number

**Primary**  **Contingent**  **Tertiary**

First name	Middle initial	Last name	
Street	City	State	ZIP code
Relationship	Date of birth	Social Security number	Telephone number

**Children as a class of beneficiaries.** If you wish to designate children as a class of beneficiaries, select one of three boxes below and indicate the class category, i.e., primary, contingent, or tertiary. List all living children belonging to the selected class in the spaces that follow.

**Children of the claimant/payee (includes any adopted children).** This provides that such children as are alive on the date of death of the claimant/payee and any joint claimant/payee will be paid in equal shares.

**Primary**  **Contingent**  **Tertiary**

**Children born of the marriage of the claimant/payee and \_\_\_\_\_ (name of spouse).** This provides that such children as are alive on the date of death of the claimant/payee and any joint claimant/payee will be paid in equal shares.

**Primary**  **Contingent**  **Tertiary**

**Children born of the claimant/payee, their children by representation.** This provides that if one of the claimant/payee's children dies before the claimant/payee and any joint claimant/payee, and that child has children, that child's children (this is, the claimant/payee's grandchildren by that child) will receive the parent's share, equally divided.

**Primary**  **Contingent**  **Tertiary**

**None of the above**

First name	Middle initial	Last name	
Street	City	State	ZIP code
	Age	Social Security number	

_____ First name	_____ Middle initial	_____ Last name	
_____ Street	_____ City	_____ State	_____ ZIP code
	_____ Age	_____ Social Security number	

_____ First name	_____ Middle initial	_____ Last name	
_____ Street	_____ City	_____ State	_____ ZIP code
	_____ Age	_____ Social Security number	

**Claimant/payee's estate as beneficiary.** If you are selecting the claimant/payee's estate as beneficiary, no other beneficiary should be selected in section 3.

#### 4. Signature(s) (claimant(s) identified in section 1 must sign here)

By signing this form, I/we:

- Consent to the request(s) made on this form,
- Understand that any endorsement that Prudential provides will include provisions that conform to its practices and procedures as necessary, and
- Agree that Prudential may refuse to accept and make effective any beneficiary designation or revocation that Prudential has in good faith determined is, or may be in conflict with, any applicable law, court order, or contract.

X \_\_\_\_\_  
Signature of claimant/payee or claimant/payee's guardian<sup>1</sup>      Month \_\_\_\_\_      Day \_\_\_\_\_      Year \_\_\_\_\_

\_\_\_\_\_  
Name of claimant/payee or claimant/payee's guardian

X \_\_\_\_\_  
Signature of joint claimant/payee or joint claimant/payee's guardian<sup>1,2</sup>      Month \_\_\_\_\_      Day \_\_\_\_\_      Year \_\_\_\_\_

\_\_\_\_\_  
Name of joint claimant/payee or joint claimant/payee's guardian

For **Massachusetts** residents, state law requires that a disinterested adult who is not a party to the policy witness this request.

X \_\_\_\_\_  
Signature of Witness (Massachusetts only)

<sup>1</sup> If any claimant or joint claimant is a minor or lacks legal capacity, this form must be signed by the legal guardian responsible for the custody and care of such claimant's financial interests with respect to the annuity contract identified herein.

<sup>2</sup> If amounts due under the annuity identified herein are payable jointly to two or more claimants, all such claimants must sign this form.

#### 5. Mailing instructions

**Please return this form completed and signed to:**  
The Prudential Insurance Company of America  
Prudential Retirement  
P.O. Box 70197  
Philadelphia, PA 19176