

beneficiary designation form

*PLEASE REMEMBER TO SIGN YOUR FORM. IT WILL BE RETURNED IF IT DOES NOT HAVE YOUR SIGNATURE ON IT. THANK YOU!

Name of Group Policy Holder: Union Benefits Trust

Group Policy Number: LG-01049

Name of Insured (Last, First, Middle Initial)

Address

City

State

ZIP Code

Please check all that apply:

- I am newly eligible
- I am changing my beneficiary information for:
 - Basic Group Life
 - Supplemental Group Life

Social Security Number

Date of Birth (MM/DD/YY)

Date Employed (MM/DD/YY)

PRIMARY BENEFICIARY(IES)

First Name

Middle Initial

Last Name

Relationship to member

DOB

Address

Social Security Number

% Share

First Name

Middle Initial

Last Name

Relationship to member

DOB

Address

Social Security Number

% Share

CONTINGENT BENEFICIARY(IES) (optional)

First Name

Middle Initial

Last Name

Relationship to member

DOB

Address

Social Security Number

% Share

First Name

Middle Initial

Last Name

Relationship to member

DOB

Address

Social Security Number

% Share

If above space is not suitable for the designation(s) you desire, or you are not sure how to name a beneficiary, see the instructions on the back of this form for more information.

*Member's signature

Date

instructions for naming beneficiaries

1. To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to you, show relationship as "Friend."
2. If you wish to name your estate, insert "Estate" in the beneficiary name space.
3. To name more than one beneficiary — here are the most common examples:

| | |
|---|--|
| Two beneficiaries: | John J. Jones, father and Mary R. Jones, mother |
| Three or more beneficiaries: | James O. Jones, brother; Peter I. Jones, brother; and Martha Jones, sister |
| Unnamed children: | My children living at my death from my marriage to Lois P. Jones |
| One contingent beneficiary: | Lois P. Jones, wife if living; otherwise Herbert I. Jones, son |
| More than one contingent beneficiary: | Lois P. Jones, wife, if living; otherwise Herbert I. Jones, son, Alice B. Jones, daughter and Ann Y. Jones, daughter |
| Unnamed children as contingent beneficiaries: | Lois P. Jones, wife, if living; otherwise my children living at my death from my marriage to said wife |

If one of the above examples fits your wishes, insert your designation in the beneficiary name spaces, using the language of the selected example.

4. If none of the above is suitable, explain in the space below what is desired, or attach a note.

If you wish, you may indicate the percentage share designated to each primary beneficiary. The total for one or all primary beneficiaries must equal 100%. If no percentages are specified, the proceeds will be split evenly among those named. If no named beneficiary survives you, any amount of insurance will be made payable to the first of the following; Your (a) surviving spouse, (b) surviving child(ren) in equal shares, (c) surviving parents in equal shares, (d) surviving siblings in equal shares, (e) estate. If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%.

DEFINITIONS. You may find the following definitions helpful in completing this form:

Primary Beneficiary(ies) - the person(s) or entity you choose to receive your life insurance proceeds. Payment will be made in equal shares unless otherwise specified. In the event that a designated primary beneficiary predeceases the insured, the proceeds will be paid to the remaining primary beneficiaries in equal shares or all to the sole remaining primary beneficiary.

Contingent Beneficiary(ies) - the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated contingent beneficiary predeceases the insured, the proceeds will be paid to the remaining contingent beneficiaries in equal shares or all to the sole remaining contingent beneficiary.

Call Prudential with questions: 800-778-3827

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS