

INTENDING AS A GIFT, I HEREBY IRREVOCABLY ASSIGN UNTO _____, ("Assignee")
(Please Print or Type Name of Assignee.)

whose residence is located at _____,
(Please Print or Type Address, Including Street, City, State, and Zip.)

Assignee's Social Security No.: _____ - _____ - _____, Assignee's Date of Birth _____ / _____ / _____,
(Month) (Day) (Year)

all rights, title, interests, and incidents of ownership, both present and future, relating to the following coverage(s):

PLEASE SELECT ONE BY MARKING THE APPROPRIATE BOX.

All of the Insured's Group Insurance Coverage(s) that provide a benefit, which becomes payable on account of the death of the Insured or a dependent of the Insured under the said Group Contract.

The following of the Insured's Group Insurance Coverage(s) that provide a benefit, which becomes payable on account of the death of the Insured or a dependent of the Insured under the said Group Contract:

(LIST THE COVERAGES YOU INTEND TO ASSIGN. AN ASSIGNMENT WILL NOT BE ACCEPTED FOR COVERAGES NOT APPLICABLE TO THE INSURED.)

The assigned rights include but are not limited to: The right to make any required contributions under the Group Contract; the privilege, as permitted under the Group Contract, of obtaining an individual policy of life insurance on my life; the right, to the extent permitted under the Group Contract, to change the beneficiary and/or the contingent beneficiary; and the right to elect any settlement option available under the Group Contract. This assignment relates to the existing coverage(s) under the said Group Contract and to any replacement or substitute group contract(s) of the same or another insurance company providing group life insurance coverage to the employees of the Employer, or, if applicable, to the members of the Association.

I understand and agree that this assignment will be of no effect, nor binding with respect to the Insured's rights and privileges, if any, under the said Group Contract until copies of this form have been filed with The Prudential Insurance Company of America ("Prudential") directly or through the Employer or the Contract Holder under the said Group Contract ("Group Contract Holder").

I understand and agree that, in accordance with the said Group Contract, if: (1) an assigned amount of insurance becomes payable on account of the death of the Insured or a dependent of the Insured; and (2) the assigned coverage includes the right to choose a beneficiary; and (3) at the death of the Insured or a dependent of the Insured, there is no beneficiary chosen by the Assignee; then the assigned amount of insurance will be payable to the Assignee, if living, otherwise to the estate of the Assignee.

I understand and agree that Prudential, the Employer or the Contract Holder under the said Group Contract assume no obligation(s) as to the validity or sufficiency of this assignment for any purpose whatsoever, or pass upon its legality.

Dated at _____ in the State of _____ on _____ / _____ / _____.
(Print Name of City) (State) (Month) (Day) (Year)

Assignor: _____ Spouse: _____
(Signature of Assignor) (Community Property States Only) (Date)

Witness: _____ Witness: _____
(Signature of Witness) (Date) (Community Property States Only) (Date)

PART THREE – TO BE COMPLETED BY ASSIGNEE

Assignee's Designation of Beneficiary

Effective as of the date of this assignment, I, the Assignee named in Part Two of this form, hereby designate the following person(s) to receive any insurance benefit payable on account of the death of the Insured or a dependent of the Insured under the assigned coverage(s):

PRIMARY BENEFICIARY

| | | | | |
|------------|----------------|-----------|--------------------|------------------------|
| First Name | Middle Initial | Last Name | Relationship to Me | Social Security Number |
|------------|----------------|-----------|--------------------|------------------------|

Address _____

| | |
|---------------|------------------|
| Date of Birth | Telephone Number |
|---------------|------------------|

CONTINGENT BENEFICIARY

| | | | | |
|------------|----------------|-----------|--------------------|------------------------|
| First Name | Middle Initial | Last Name | Relationship to Me | Social Security Number |
|------------|----------------|-----------|--------------------|------------------------|

Address _____

| | |
|---------------|------------------|
| Date of Birth | Telephone Number |
|---------------|------------------|

If the above space is not suitable for the designation you desire, leave it blank and use the following space.

Unless otherwise provided above, payment to two or more beneficiaries shall be made in equal shares or to the survivors in equal shares or all to the last survivor. Unless otherwise provided above, any amount of insurance for which there is no beneficiary at the death of the Insured or a dependent of the Insured will be payable to the Assignee, if living, otherwise to the estate of the Assignee.

I understand and agree that this designation will in no way apply to any insurance coverage that does not include a right to choose a beneficiary. In that event, benefits will be payable only as provided under the terms and conditions of the Group Contract.

Witness: _____ Assignee: _____

| | | | |
|------------------------|--------|-------------------------|--------|
| (Signature of Witness) | (Date) | (Signature of Assignee) | (Date) |
|------------------------|--------|-------------------------|--------|

