

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

trustee(s) under the _____, **dated** _____, **and his/her/their successor(s) in**
(Please Print Name of Trust Agreement.) (Effective Date of Trust)

trust, if any, residing at _____
(Please Print or Type Address, Including Street, City, State, and ZIP Code.)

Taxpayer Identification Number of the Trust: _____

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(s); then the assigned amount of insurance will be payable as follows: (1) if the Assignee is a living person, to that person, otherwise to the estate of that person, or (2) if the Assignee is an extant entity, to that entity, otherwise to that entity's successors or assigns.

I understand and agree that Prudential, the Employer, or the Contract Holder under the said Group Contract assumes 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(S)**Assignee's(s') Designation of Beneficiary**

Effective as of the date of this assignment, I (we), the Assignee(s) 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 as follows: (1) if the Assignee is a living person, to that person, otherwise to the estate of that person, or (2) if the Assignee is an extant entity, to that entity, otherwise to that entity's successors or assigns. 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)

PART FOUR – TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE OF EMPLOYER OR GROUP CONTRACT HOLDER

Recorded and filed on this _____ day of _____, 20____. _____
Signature of Authorized Representative of Employer or Group Contract Holder

PART FIVE – TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Prudential requires your Taxpayer Identification Number. The Taxpayer Identification Number is either the Social Security Number or the Employer Identification Number. If you:

- Are an individual, your Taxpayer Identification Number is the Social Security Number.
- Represent a trust or estate, the Taxpayer Identification Number is its Employer Identification Number.
- Represent a minor, please provide the minor’s Social Security Number.
- Are applying for a Taxpayer Identification Number, please write “applied for” in the space provided.

TAXPAYER IDENTIFICATION NUMBER/FORM W-9 CERTIFICATION:

Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (Social Security Number). I further certify that the citizen/residency status I have listed on this form is my correct citizen/residency status. I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (b) the IRS has told me that I am no longer subject to a backup withholding order, or (c) I am exempt from backup withholding. I am exempt from FATCA reporting.

Social Security Number or Taxpayer Identification Number of beneficiary

Check all applicable boxes.

I have been notified by the Internal Revenue Service that I am subject to backup withholding due to underreporting of interest or dividends.

I am subject to FATCA reporting.

If not a U.S. person (including resident alien), submit the applicable Form W-8 (BEN, BEN-E, ECI, EXP or IMY).

Date Signed (MM DD YYYY)

/ /

X _____
Signature

Group Universal Life (Contract Series: 83500 and 96945) and Group Variable Universal Life (Contract Series: 89759) coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Group Variable Universal Life Insurance is distributed by Prudential Investment Management Services LLC, 655 Broad Street, 19th Fl. Newark, NJ 07102, a registered broker/dealer and a Prudential Financial company. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/ Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state.

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