

GUL/GVUL ABSOLUTE GIFT ASSIGNMENT TO TRUSTEE

(Includes Designation of Beneficiary by Assignee(s))

PART ONE - INFORMATION REGARDING ASSIGNMENTS

- IMPORTANT: THIS FORM AND THIS INFORMATION IS BEING MADE AVAILABLE AS AN ACCOMMODATION TO THE ASSIGNOR. THIS FORM SHOULD BE REVIEWED BY THE ASSIGNOR WITH HIS OR HER PERSONAL ATTORNEY AND/OR FINANCIAL ADVISOR BEFORE COMPLETION.
- Use this form when you want to assign insurance coverage(s) to a trustee. Use the "Absolute Gift Assignment to Individual" form when you want to assign insurance coverage(s) to an individual. Use the "Absolute Assignment For Value" form only if assignments for value are permitted under the Group Contract and the trustee is a viatical settlement provider.
- Complete the form (you must complete Part Two, and the Assignee(s) must complete Part Three). Submit it to the Employer/Plan Administrator, who will complete Part Four and record the Assignment. After the Assignment has been recorded, the original will be returned to you for delivery to the Assignee(s).
- If the insurance coverages that you intend to assign are part of different Group Contracts, you must complete a separate form for each Group Contract.
- You may find the following definitions helpful in completing your assignment form.

Absolute Assignment means the irrevocable transfer by an assignor to an assignee of all property rights, title, interests, and incidents of ownership, both present and future, relating to the assigned group insurance coverage(s).

Assignor means the person who makes the assignment.

Assignee means the person or entity to whom a transfer of property rights, title, interests, and incidents of ownership is made.

Insured means the employee or association member who is insured for employee or member coverage or for dependents' coverage.

• The Assignee(s) may find the following definitions helpful in completing Part Three.

Primary Beneficiary(ies) means the person(s) or entity who will receive the insurance proceeds if the person is living or the entity is in existence when the Insured dies. The Assignee(s) may have the proceeds divided among several primary beneficiaries. To do this, the Assignee(s) must indicate what percentage of the proceeds they would like the primary beneficiaries to receive. The total shares must equal 100%.

Contingent Beneficiary(ies) means the person(s) or entity who will receive the insurance proceeds if the primary beneficiary(ies) die or the entity dissolves before the Insured dies. The Assignee(s) may have the proceeds divided among several contingent beneficiaries. To do this, the Assignee(s) must indicate what percentage of the proceeds they would like the contingent beneficiaries to receive. The total shares must equal 100%.

PART TWO - TO BE COMPLETED BY ASSIGNOR WITH HIS OR HER PERSONAL ATTORNEY AND/OR FINANCIAL ADVISOR

Insured's Name:		("Insured")	Social Security No.:	
Insured's Permanent Address: _				
-	(No. and Street)	(City)	(State)	(ZIP Code)
Name of Insured's Employer:			("Employer") Group Contract No.:	
	(Please Print or Type Nam	e of Employer)		
Name of Association				("Association")
	(If Applicable, Pleas	se Type or Print Name of Ass	sociation or Affinity Group.)	

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	IVDE INDITIE UT ASSIUTEE(ST.)
rease Frint or	Type Name of Assignee(s).)

____, ("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 o	r Type Address, Including Street, City, State, an	nd ZIP Code.)
Taxpayer Identification Num	per 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:				
0	(Signature of Assignor)		(Community Property States Only)			(Date)
Witness:			Witness:			
	(Signature of Witness)	(Date)	(Commun	ity 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 BENI	EFICIARY			
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: _

(Signature of Witness)

(Date)

Assignee: _

(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).

Χ_

Signature

Date Si	igned (r	MM DD	үүүү)		
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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 FI. 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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