

## **ABSOLUTE GIFT ASSIGNMENT TO INDIVIDUAL**

(includes Designation of Beneficiary by Assignee)

## 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 an individual. Use the "Absolute Gift Assignment to Trustee" form when you want to assign insurance coverage(s) to a trust. 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 must complete Part Three). Please return this form and have Part Four executed by a Prudential representative. After the Assignment has been recorded, the original will be returned to you for delivery to the Assignee.
- 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 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 may have the proceeds divided among several primary beneficiaries. To do this, the Assignee 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 may have the proceeds divided among several contingent beneficiaries. To do this, the Assignee must indicate what percentage of the proceeds they would like the contingent beneficiaries to receive. The total shares must equal 100%.

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Insured's Na	ame:			("	nsured")			
		(Please Print or Type Na	ame of Insured)	· · · · · · · · · · · · · · · · · · ·	,			
Insured's Pe	ermanent Address:							
		(No. and Street)	((	City)		(State)		(ZIP)
Name of Ins	sured's Employer:	(Please Print o	T N (F )	(	"Employer" ) Gro	oup Contract N	No.:	
Name of As	ssociation:	(If applica	able. Please Type or Prir	nt Name of Associ	iation or Affinity Gro	(aud		("Association")
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,	-17		
INTENDIN	G AS A GIFT, I HE	REBY IRREVOCAB	LY ASSIGN UNTO					, ("Assignee")
					lease Print or Type N	_	9)	
whose res	idence is located	d at	(Dlagge Print o	r Typo Addrson in	valuding Stroot City	State and 7ID)		
							,	
all rights, ti	tle, interests, and i	ncidents of ownersh	ıp, both present and	d future, relati	ng to the follow	ing coverage(	S):	
(PLEASE SE	LECT ONE BY MAF	RKING THE APPROPR	IATE 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:							
permitted u Group Conti	nder the Group Cor ract, to change the	nt are not limited to: ntract, of obtaining a beneficiary and/or the ent relates to the exis	n individual policy one contingent benef	of life insurance ficiary; and the	ce on my life; the e right to elect a	e right, to the ny settlement	extent permi option avail	tted under the able under the
		ther insurance compa						
	-	is assignment will be copies of this form ha		-	•	_		•
of the death death of the	n of the Insured or a e Insured or a depe	n accordance with the a dependent of the Ir ndent of the Insured, living, otherwise to	nsured; and (2) the a there is no benefic	assigned cover liary chosen by	rage includes th	e right to choo	ose a benefic	iary; and (3) at th
	_	t Prudential, the Er lity or sufficiency o	• •			•		
Dated at			in the State of			on	/	/
	(Print Na	ame of City)		(Sta	ate)	(Month)	(Day)	(Year)
Assignor: _		ure of Assignor)	Spouse	e:				
	(Signat	ure of Assignor)		(1	Community Property	States Only)		(Date)
Witness: _		Witness)		Witness:	(Community Pro		<del></del> –	
	/Cianatura of	Witness)	(Date)		(Community Pro	perty States Only	)	(Date)

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## 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		 ty Number		
Address							
Date of Birth		Telephone Number					
CONTINGENT	BENEFICIARY						
First Name	Middle Initial	Last Name	Relationship to Me	Social Security Number	<del></del>		
Address							
Date of Birth		Telephone Number					
If the above spa	ce is not suitable for t	ne designation you desire,	leave it blank and use the follo	wing space.			
to the last surviv	vor. Unless otherwise p	provided above, any amour	iciaries shall be made in equal at of insurance for which there g, otherwise to the estate of th	is no beneficiary at the dea			
			to any insurance coverage whed under the terms and condition		to choose a		
Witness:	(Signature of Witne	ss) (Date	Assignee:	(Signature of Assignee)	(Date)		

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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					

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Group Term Life coverage is issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. 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. Contract series: 83500.

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