



Prudential

Office of Servicemembers'
Group Life Insurance

Servicemembers' Group Life Insurance Supplemental SGLI Beneficiary Form

1. About You

Print Name (First, Middle, Last)

Rank, title or grade

Social Security Number

Current Amount of SGLI Coverage

Duty Location

Branch of Service

2. About Your Beneficiaries

Date (month day year)

The beneficiaries listed below are in addition to those listed on my completed SGLV 8286.

Primary

Name and Address

Social Security Number
(If available)

Relationship
to you

Share to
each
(% or \$
amounts)

Payment Option
(Lump sum* or
36 equal monthly
payments)

1.

2.

3.

4.

Secondary

1.

2.

3.

4.

Service Member's Signature _____

Date _____

* If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account®, by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. **Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC).** The Bank of New York Mellon is not a Prudential Financial company.