



1 VETERAN INFORMATION (please print clearly using capital letters)

All the information in this section is required.

Form fields for First Name, Last Name, Control #, Social Security #, Address, City, State, ZIP Code, Email, Daytime Phone, and Evening Phone.

By Law - If you do not name a specific beneficiary, your insurance will be paid to your survivors as follows:

- 1. Widow or widower; if none to
2. Child(ren) in equal shares, with the share of any deceased child distributed among the descendants of that child; if none to
3. Parent(s) in equal shares; if none to
4. A duly appointed executor or administrator of the insured's estate, and if none, to
5. Other next of kin

Check here if you want by law designations, and complete and return only sections 1 and 4.

INSTRUCTIONS FOR COMPLETING THIS FORM

Use this form to designate or make changes to the beneficiary(ies) of your VGLI death proceeds. The information on this form will replace any prior beneficiary designation. You may name anyone or any entity as your beneficiary without anyone knowing or consenting to it. You may change your beneficiary at any time by completing a new VGLI Beneficiary Designation/Change form. This form cannot be used to reinstate your coverage if your insurance is not in force due to failure to pay timely premiums.

INSTRUCTIONS FOR DESIGNATING A PRIMARY OR SECONDARY BENEFICIARY (SECTION 2)

- You may name more than one primary and more than one secondary beneficiary. This form allows you to name up to three primary and three secondary beneficiaries.
You can name an individual, corporation/organization, trust, or an estate as a beneficiary. The following examples may be helpful in designating beneficiaries:

- Individual: "Mary A Doe"
- Each name should be listed as first name, middle name, last name ("Mary A Doe," not "Mrs M Doe").
- Include the address, relationship and Social Security number for each individual listed.
- Indicate the percentage to be assigned to each individual.

- Estate: "Estate of the Insured"
- Select "Estate" in the box provided.
- Indicate the percentage to be assigned to the estate.

- Charitable Institution: "ABC Charitable Organization"
- Select "Charitable Institution" as the Beneficiary Description.
- Write the legal name of the Charitable Institution in the space for the First name.
- You must provide the address, city and state of operation for each Charitable Institution listed.
- Indicate the percentage to be assigned to the Charitable Institution.

Trust: See page 4



Control #: (See Billing Statement)



2

B. Secondary Beneficiaries are the person(s) or entity you choose to receive your life insurance proceeds if the primary beneficiary(ies) die (or the entity dissolves) before you die. Payment will be made in equal shares unless otherwise specified. In the event that a designated secondary beneficiary predeceases the insured, the proceeds will be paid to the remaining secondary beneficiaries in equal shares or all to the sole remaining secondary beneficiary.

1. Type Child Parent Spouse Other Family Other Trust Estate Charitable Institution
(Select One)

Gender: Male Female

First Name: MI:

Last Name:

Address: _____

Phone: _____ SSN: _____

Payment: Lump Sum* 36 Equal Monthly Payments Share: %

2. Type Child Parent Spouse Other Family Other Trust Estate Charitable Institution
(Select One)

Gender: Male Female

First Name: MI:

Last Name:

Address: _____

Phone: _____ SSN: _____

Payment: Lump Sum* 36 Equal Monthly Payments Share: %

3. Type Child Parent Spouse Other Family Other Trust Estate Charitable Institution
(Select One)

Gender: Male Female

First Name: MI:

Last Name:

Address: _____

Phone: _____ SSN: _____

Payment: Lump Sum* 36 Equal Monthly Payments Share: %

TOTAL: %
Must equal 100%

Please copy this page to list additional beneficiaries.

* 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.



