

**Beneficiary Designation - DICKINSON COLLEGE**

**Control # 51992**

**Employee General Information**

Last Name	First Name	Middle Initial	Social Security No.
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**Employee/Applicant Beneficiary Designations (to be completed by employee/applicant or assignee, if assigned)**

Please designate at least one primary beneficiary. Use a separate sheet if you want to name more than two primary beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

**Primary Beneficiary Designation- Basic Term Life, Basic AD&D, Optional Term Life, Optional AD&D.**

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		<b>Entity Name:</b>
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		<b>Entity Name:</b>
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

**Contingent Beneficiary Designation- Basic Term Life, Basic AD&D, Optional Term Life, Optional AD&D**  
-Death benefits will be paid to contingent beneficiaries if the primary beneficiary (ies) is not alive. Use a separate sheet if you want to name more than two contingent beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields.

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		<b>Entity Name:</b>
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
<b>Check one, if applicable:</b>	<input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Corporation		<b>Entity Name:</b>
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

**The above beneficiary designation only applies to: Basic Term Life, Basic AD&D, Optional Term Life, Optional AD&D**

**Employee Signature** \_\_\_\_\_ **Date (mm/dd/yyyy)** \_\_\_\_\_

If you have any questions, please see Human Resource Services for details.

Group Term Life and Disability coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. Life Claims: 800-524-0542, Disability Support: 800-842-1718. This brochure is intended to be a summary of your benefits and does not include all plan provisions, exclusions and limitations. 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 The Prudential Insurance Company of America, the Group Contract will govern. Contract provisions may vary by state. Contract Series:83500. California COA # 1179 NAIC #68241

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