



Please send the completed form to:

The Prudential Insurance Company of America
Group Life Claim Division
P.O. Box 8517
Philadelphia, PA 19176

Preferential Beneficiary's Affidavit

When an insured dies without a surviving named beneficiary, Prudential is obligated to pay any insurance proceeds due to the first of the following surviving classes of individual(s): (1) spouse; (2) children; (3) parents; (4) siblings; or (5) the insured's estate.

1 Deceased's Information

Form fields for Deceased's Information: First Name, MI, Last Name, Social Security Number, Control Number, Claim Number.

2 Claimant Information

Please select one of the following. The highest surviving class to which benefit proceeds should be payable in the absence of a designated beneficiary:

Radio button options: Spouse, Child(ren), Parent(s), Sibling(s), Estate.

Please provide the following information for each member of the highest surviving class.

Form fields for Claimant 1: First Name, MI, Last Name, Social Security Number/TIN, Relationship to Deceased, Telephone Number, Residence: Street, Apt., Date of Birth, City, State, ZIP Code.

Form fields for Claimant 2: First Name, MI, Last Name, Social Security Number/TIN, Relationship to Deceased, Telephone Number, Residence: Street, Apt., Date of Birth, City, State, ZIP Code.

Form fields for Claimant 3: First Name, MI, Last Name, Social Security Number/TIN, Relationship to Deceased, Telephone Number, Residence: Street, Apt., Date of Birth, City, State, ZIP Code.

This form is supplied as a convenience to potential claimants. Prudential may require additional information from potential claimants in order to pay death benefits due under the Group Policy. By supplying this suggested form, Prudential does not offer any legal advice.





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2 Claimant Information

Continued

If additional space is required, please continue on this page. Otherwise, please proceed to page 3.

First Name	MI	Last Name
Social Security Number/TIN	Relationship to Deceased	Telephone Number
Residence: Street	Apt.	Date of Birth (MM DD YYYY)
City	State	ZIP Code

First Name	MI	Last Name
Social Security Number/TIN	Relationship to Deceased	Telephone Number
Residence: Street	Apt.	Date of Birth (MM DD YYYY)
City	State	ZIP Code

First Name	MI	Last Name
Social Security Number/TIN	Relationship to Deceased	Telephone Number
Residence: Street	Apt.	Date of Birth (MM DD YYYY)
City	State	ZIP Code

First Name	MI	Last Name
Social Security Number/TIN	Relationship to Deceased	Telephone Number
Residence: Street	Apt.	Date of Birth (MM DD YYYY)
City	State	ZIP Code





Grid for Social Security Number

The Prudential Insurance Company of America

For residents of all states except California, District of Columbia, Florida, New Jersey, New York, Pennsylvania, Utah, Vermont, Virginia and Washington; WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

CALIFORNIA RESIDENTS — For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

DISTRICT OF COLUMBIA RESIDENTS — Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FLORIDA RESIDENTS — Any person knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW JERSEY RESIDENTS — Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK RESIDENTS — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA and UTAH RESIDENTS — Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VERMONT RESIDENTS — Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA RESIDENTS — Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

WASHINGTON RESIDENTS — Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

I, _____, declare that to the best of my knowledge, information and belief, all of the above information is accurate, complete and true.

Sign Your Name

Date

Print Your Name

Print Your Address

Personally appeared before me, _____, known to me to be the individual who executed the above document of his/her own free will on this _____ day of _____, 20_____.

(SEAL)

My commission expires: _____

Notary Public

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