



Beneficiary Designation/Change Form

Return to: SAMBA, 11301 Old Georgetown Road, Rockville, MD 20852-2800 • 1-800-638-6589

Control # 9400

Member General Information			
Last Name	First Name	Middle Initial	Social Security No. — —

Please indicate your designated beneficiary(ies) name(s) and relationship(s) on the lines below. 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.

Group Term Life with Accidental Death and Dismemberment Insurance Plan			
PRIMARY BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW			
Full Name and Address	% of Proceeds	Relationship to Insured	Birth Date / /
			/ /
as shall then be living, and if no such beneficiary is then living			
CONTINGENT BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW			
Full Name and Address	% of Proceeds	Relationship to Insured	Birth Date / /
			/ /

Supplemental Group Term Life Insurance Plan			
PRIMARY BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW			
Full Name and Address	% of Proceeds	Relationship to Insured	Birth Date / /
			/ /
as shall then be living, and if no such beneficiary is then living			
CONTINGENT BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW			
Full Name and Address	% of Proceeds	Relationship to Insured	Birth Date / /
			/ /

Personal Accident Insurance Plan			
PRIMARY BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW			
Full Name and Address	% of Proceeds	Relationship to Insured	Birth Date / /
			/ /
as shall then be living, and if no such beneficiary is then living			
CONTINGENT BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW			
Full Name and Address	% of Proceeds	Relationship to Insured	Birth Date / /
			/ /

Please refer to the Certificate for all plan details, including any exclusions, limitations and restrictions which may apply. Group Term Life, Accidental Death & Dismemberment, Supplemental Group Term Life, Dependent Group Term Life and Personal Accident Insurance coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, a Prudential Financial company, Newark, New Jersey 07102, 1-800-524-0542. If there is a discrepancy between this document and the Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract Series: 83500. Prudential Financial is a service mark of The Prudential Insurance Company of America, Newark, NJ, USA and its affiliates.

Signature of SAMBA Member (or of Assignee if assigned)	Date
For office use - do not write in this box:	
Received and recorded by SAMBA representative: _____ Date: _____	