



# Beneficiary Designation/Change Form

Control # 9400

Return completed form to: SAMBA, 11301 Old Georgetown Road, Rockville, MD 20852-2800 • 1-800-638-6589 • Fax (301) 816-0191

Member 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.

## SAMBA Term Life Insurance Plan

### PRIMARY BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW

Full Name and Address	% of Proceeds	Relationship to Insured	Date of Birth

as shall then be living, and if no such beneficiary is then living **TOTAL 100%**

### CONTINGENT BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW

Full Name and Address	% of Proceeds	Relationship to Insured	Date of Birth

**TOTAL 100%**

## Personal Accident Insurance Plan

### PRIMARY BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW

Full Name and Address	% of Proceeds	Relationship to Insured	Date of Birth

as shall then be living, and if no such beneficiary is then living **TOTAL 100%**

### CONTINGENT BENEFICIARY(IES): IN EQUAL SHARES OR AS DESIGNATED BELOW

Full Name and Address	% of Proceeds	Relationship to Insured	Date of Birth

**TOTAL 100%**

Please refer to the Certificate for all plan details, including any exclusions, limitations and restrictions which may apply. SAMBA Term Life Insurance Plan, SAMBA Term Life Insurance Plan Accidental Death Benefit, SAMBA Dependent Term Life Insurance Plan, and Personal Accident Insurance Plan 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.

<b>Signature of SAMBA Member (or of Assignee if assigned)</b>		Date
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For office use - do not write in this box:

Received and recorded by SAMBA representative: \_\_\_\_\_ Date: \_\_\_\_\_