Beneficiary Designation – Miller & Long Co., Inc. **Control #** 70788

Employee General Information
Page 1 of 2

Last Name	First Name	Middle Initial	Social Security No.
			_____ – _____ – _____

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.

Basic Term Life, Basic AD&D, Voluntary Term Life — Primary beneficiaries:

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	☐ **Trust** ☐ **Estate** ☐ **Corporation**	**Entity Name:**	
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
			100
Street Address	City	State	Zip
Check one, if applicable:	☐ **Trust** ☐ **Estate** ☐ **Corporation**	**Entity Name:**	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

Basic Term Life, Basic AD&D, Voluntary Term Life — Contingent Beneficiary Designation -

Death benefits will be paid to the 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
Check one, if applicable:	☐ **Trust** ☐ **Estate** ☐ **Corporation**	**Entity Name:**	
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
Check one, if applicable:	☐ **Trust** ☐ **Estate** ☐ **Corporation**	**Entity Name:**	
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

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Employee General Information **Page 2 of 2**			
Last Name	First Name	Middle Initial	Social Security No.
			_____ – _____ – _____

The above beneficiary designation only applies to: ☐ **Basic Term Life/AD&D** ☐ **Voluntary Term Life**

Employee Signature _____ **Date (mm/dd/yyyy)**_____

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

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Group Life and Accidental Death & Dismemberment coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 800-524-0542 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 Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract series: 83500.

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