



Prudential

Administrative Form

- Change of Name
- Change of Address
- Other Request

Employer/Policyholder: _____

Control Number: _____

Product: Basic Life Basic AD&D Voluntary Life Voluntary AD&D

Employee's Name: _____

Change of Employee's Last Name

Old Name: _____ New Name: _____

Reason for change: Marriage Divorce and resumption of former name Other: _____

Change of Beneficiary's Last Name

Old Name: _____ New Name: _____

A name change request must be a legal change due to marriage or court approval. It is not necessary to provide proof for verification at this time, although could be subject to at a later date. The Change of Beneficiary's Last Name may NOT be used to change the actual person designated as your beneficiary. Please use the Beneficiary Change/Designation form to change your beneficiary.

Change of Address: Change the address for all Certificate Holder correspondence and notices to that shown below.

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: Home (____) _____ Work (____) _____

Other Requests: Replacement of a Lost Certificate Cancel All Coverage Cancel Spouse Coverage Cancel Child Coverage

Reason _____ Reason _____ Reason _____

Effective _____ Effective _____ Effective _____

Date of Divorce _____ DOB of youngest child _____

Certificate No. (SSN): _____

Employee's Name: _____

Address: _____

Street

City

State

Zip Code

I UNDERSTAND AND AGREE that the above change(s) shall be subject to all terms and conditions of the Policy and will be effective on the date the Certificate Holder signs this form, provided it is recorded by Combined Insurance Company at their Administrative Office.

Signature of Certificate Holder (Employee)

Date Signed

Print Name of Certificate Holder

Certificate Number (Social Security Number)