Beneficiary Designation – WESTON BOARD OF EDUCATION Control #61149

Employee General Inform Page 1 of 2	nation		
Last Name	First Name	Middle Initial	Social Security No
Employee/Applicant Bene	eficiary Designations (to be completed	hy employee/applicar	nt or assignee, if assigned)
Please designate at least one print Estate, or Corporation, please corto you while living. If more than or beneficiary) who are then still livin will be made in accordance with the	nary beneficiary. Use a separate sheet if you want nplete the corresponding fields. Do not name a be se primary beneficiary is designated, settlement wi g, unless their shares are specified. If there is no r	to name more than two prim neficiary for Dependent Term Il be made in equal shares to named beneficiary, or no ben	ary beneficiaries. If designating a Trust, n Life Coverage; these benefits are paid the designated beneficiaries (or
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
Joseph Geografy Harmon	Date of Billin	Troidiuonomp	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
the contingent beneficiaries if the If designating a Trust, Estate, or C	D&D, Optional Term Life — Continge primary beneficiary(ies) is not alive. Use a separate or poration, please complete the corresponding flee.	e sheet if you want to name i lds.	more than two contingent beneficiaries.
Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Objective 16 No. 10 Physics			
Check one, if applicable: Tax ID #/Tax Exempt #	☐ Trust ☐ Estate ☐ Corporation Creation/Incorporation/Formation Date	Entity Name: Telephone Number	Percentage
		Totophisio Nation	1 Greenlage
Street Address	City	State	Zip
Last Name	First Name	MI	Telephone Number
Last Name	First Name	MI	relephone Number
Social Security Number	Date of Birth	Relationship	Percentage
•			
Street Address	City	State	Zip
Chook one if applicables	☐ Trust ☐ Estate ☐ Corporation	Entity Now	
Check one, if applicable: Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Entity Name: Telephone Number	Percentage
TAN IN III IAN WAOIIIPET	Creation medipolation of mation Date	- Copholic Hullion	, ercontage
Street Address	City	State	Zip
1	1	i	•



Beneficiary Designation – WESTON BOARD OF EDUCATION Control #61149

Last Name	First Name	Middle Initial	Social Security No
The above beneficiary desig	nation only applies to: Basic	Term Life/AD&D Optiona	l Term Life

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.

Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.

