



The Prudential Insurance Company of America
Pruco Life Insurance Company of New Jersey
Pruco Life Insurance Company
All are Prudential Financial companies.

Please print using blue or black ink.

Initial any corrections or deletions that you make to the preprinted text.

General Information and Instructions *(Read the instructions about the change(s) you wish to make)*

Use this form to request:

1. A change in name of an Insured, Policyowner, Beneficiary, or Covered Dependent:
 - (a) If the reason for the name change is due to a correction of a misspelled name or adding a middle initial, submit the form only, no documentation is required.
 - (b) For a change in the name of an individual, **submit a copy of a state or federally issued ID (e.g., driver's license, passport), or legal documentation (e.g., marriage certificate, birth certificate, naturalization papers, court order)**, verifying the change in name.
 - (c) For a change in the name of a business, submit a copy of the change of name certificate certified by the Secretary of State. If the change is due to a merger or consolidation, submit a copy of the Articles of Merger or Consolidation certified by the Secretary of State. For a sole proprietorship, submit the applicable documentation as may be required by your state.
2. A change in relationship to the Insured of the Policyowner and/or Beneficiary.

Review the accuracy of any pre-filled information. Initial any corrections or deletions you make to the preprinted text. If you do not, we may not be able to act upon your request. On these pages, *I, you,* and *your* refer to the policyowner(s). *We, us,* and *our* refer to the Prudential company that issued the policy.

About Your Policy

You can use this form to make changes to more than one policy as long as each policy insures the same person(s) and has the same owner, and you are requesting the same changes for each policy.

Policy number(s) *(eight or nine characters)*

Name of insured *(first, middle initial, last name)* _____

Name of joint insured, if any *(first, middle initial, last name)* _____

Has your mailing address, telephone number(s), or e-mail address changed?

Complete this section only if you are requesting a permanent change in your mailing address, have a new telephone number(s), or e-mail address.

Full address _____

Telephone number: Home _____ Mobile (Cell) _____

e-mail address _____

Mailing Instructions

Unless otherwise indicated in this section, confirmation of the change(s) will be mailed to the owner at the address in our records.

Name of Recipient of confirmation *(first, middle initial, last name)* _____

Full address _____

Request to Change Name

Please indicate whose name is being changed.

- Insured Policyowner Beneficiary Covered Dependent

Prior name *(first, middle initial, last name)* _____

New name *(first, middle initial, last name)* _____

Request to Change Relationship

Please indicate whose relationship is being changed.

Policyowner Beneficiary Covered Dependent

Prior relationship to the insured _____

New relationship to the insured _____

Additional Information

To ensure that our records have the most current information about the party whose name and/or relationship is being changed, please complete the information below.

Full address _____

Date of birth (if applicable) _____

Telephone number: Home _____ Mobile (Cell) _____

e-mail address _____

Social Security #/Employer taxpayer identification # _____

Signature(s)/Signature Requirements (Always complete)

Note: For a name change of the insured, we will accept either the signature(s) of the policyowner(s) if different than the insured or the signature of the insured whose name is being changed.

- For **individual policyowner(s)**, the person (or persons if there are joint owners) that owns the policy must sign.
- For **corporations**, any officer can sign with his/her title and the company name. If the name of the company has changed, please refer to the **General Information and Instructions** section on page 1 for additional requirements.
- For **limited liability companies (LLC)**, any individual(s) authorized to act on behalf of the LLC should sign and include his/her title and the company name. If the name of the company has changed, please refer to the **General Information and Instructions** section on page 1 for additional requirements.
- For **partnership (LP, LLP, and LLLP)**, any general partner can sign with his/her title of "general partner" and the company name. If the name of the company has changed, please refer to the **General Information and Instructions** section on page 1 for additional requirements.
- For **sole proprietorship**, the sole proprietorship can sign with his/her title "doing business as the _____ (company name)". If the name of the company has changed, please refer to the **General Information and Instructions** section on page 1 for additional requirements.
- For **trusts**, if the request is to change the name of one of the trustees, only the signature of the trustee whose name is being changed is required. For any other change(s), the trustee(s) must sign and include the title "trustee" after their signature. The name of the trust must also be indicated in the space provided for Business/Trust name. All trustees must sign unless the trust itself or state law provides otherwise.
- A **holder of a power of attorney** for the policyowner must sign the form and include the title "attorney-in-fact for (owner's name)." In addition, a copy of the power of attorney papers must be submitted along with the request.
- For **guardian (conservator) of the estate** – sign as "guardian of the estate of (name of ward)". A copy of the guardianship papers must also be submitted. Depending on the rights granted by the guardianship papers or the state, a court order authorizing the change may also be required.

By signing this form, I authorize the change(s) requested on this form, both preprinted and handwritten.

X _____
Policyowner's signature

Date signed month/day/year

X _____
Joint owner's signature(s) (if applicable)

Date signed month/day/year

Signer's title (for business/trust owned only)

Business/Trust name (if applicable)