

1. About You

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Check this box if 1) You have additional beneficiaries and are completing the Supplemental SGLI Beneficiary Form, SGLV 8286S or, 2) You are attaching additional documentation to complete your beneficiary designation noted above.

*If the insured member elects a lump sum payment, the beneficiary(ies) will be given the option of receiving the lump sum payment through the Prudential Alliance Account by check, or Electronic Funds Transfer (EFT). Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check.

The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by Bank of New York Mellon.

4. About Your Health Complete this section ONLY if you are restoring or increasing coverage.

1. Do you have any health conditions that have been diagnosed by a doctor in the last 12 months?

a. Yes

b. No

2. Do you have any health conditions that you are currently being treated for by a doctor?

a. Yes

b. No

3. Do you have any health conditions that you have been told you may have in the future?

a. Yes

b. No

4. Do you have any health conditions that you are currently being treated for by a doctor, but you have not been told you may have in the future?

a. Yes

b. No

5. Do you have any health conditions that you are currently being treated for by a doctor, but you have not been told you may have in the future?

a. Yes

b. No

6. Do you have any health conditions that you are currently being treated for by a doctor, but you have not been told you may have in the future?

a. Yes

b. No

7. Do you have any health conditions that you are currently being treated for by a doctor, but you have not been told you may have in the future?

a. Yes

b. No

8. Do you have any health conditions that you are currently being treated for by a doctor, but you have not been told you may have in the future?

a. Yes

b. No

Additional comments:

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Instructions for Personnel Clerk and the Service Member

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