

# Exhibit C



Prudential

Request to Change Beneficiary/Ownership on Life Insurance Policies

Please print using blue or black ink.

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

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)

L7000224

Name of insured (first, middle initial, last name) Gregory Hirsch

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 Beneficiary (This revokes all prior beneficiary designations)

All beneficiaries need to be restated even if they are not being changed. For example, if you are changing only the contingent beneficiary, you must restate the primary beneficiary. If more space is needed for additional beneficiaries, use the Additional/Special Beneficiary Requests section.

A. To name individual beneficiary(ies), complete the following:

Primary Contingent Tertiary

Name (first, middle initial, last name) \*\*\*See next page\*\*\*

Relationship to insured

Date of birth

Soc. Sec. no.

Full address

Telephone number: Home

Mobile (Cell)

e-mail address

Primary Contingent Tertiary

Name (first, middle initial, last name)

Relationship to insured

Date of birth

Soc. Sec. no.

Full address

Telephone number: Home

Mobile (Cell)

e-mail address

Primary Contingent Tertiary

Name (first, middle initial, last name)

Relationship to insured

Date of birth

Soc. Sec. no.

Full address

Telephone number: Home

Mobile (Cell)

e-mail address

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

**Request to Change Beneficiary (continued)**

**B. To name a trustee under a living (inter-vivos) trust agreement, (the trust must already be in existence) complete the following:**

- Primary
- Contingent
- Tertiary

Name of current trustee(s) \_\_\_\_\_

Date of trust agreement \_\_\_\_\_

Trust is (check one)  Irrevocable  Revocable

Name of trust \_\_\_\_\_

Full address \_\_\_\_\_

Telephone # \_\_\_\_\_ e-mail address \_\_\_\_\_

Trust taxpayer identification # \_\_\_\_\_

**Note:** Whenever possible, include confirmation of the trust information by providing a copy of those pages of the trust documentation that show the name of the trust, name(s) of the trustee(s), and date of the trust.

**C. To name a trust that will be established under the Insured's Last Will and Testament (i.e. Testamentary Trust), check one of the following:**

- Primary
- Contingent
- Tertiary

**Note:** You may wish to consult legal counsel before choosing this arrangement. Only choose this arrangement if the insured's will provides for the establishment of a trust. Trusts that are established prior to the insured's death are not testamentary trusts. To name a trust that has already been established as a beneficiary, complete B above. Please refer to #5 in the Changing Your Beneficiary section on Page A of Instructions for additional information.

**D. To name the insured's estate as your sole beneficiary, check the following:**

- The insured's estate. If choosing the insured's estate, no other beneficiary can be selected.

**E. To name a business/organization, complete the following:**

- Primary
- Contingent
- Tertiary

Name of business/organization **\*\*\*See Additional/Special Beneficiary Requests section below\*\*\*** \_\_\_\_\_

Full address \_\_\_\_\_

Telephone # \_\_\_\_\_ e-mail address \_\_\_\_\_

Employer taxpayer identification # \_\_\_\_\_

- Type of business/organization
- Corporation
  - Partnership
  - Sole Proprietorship
  - Limited Liability Company
  - Other \_\_\_\_\_

Name of sole proprietor (if applicable) \_\_\_\_\_

**Additional/Special Beneficiary Requests**

Use this section to name an additional beneficiary, a class or group not shown in the Request to Change Beneficiary section, or to select a payment option for your beneficiary.

For each additional individual beneficiary or member of a class or group (i.e. Children of the Insured), please provide the class (primary, contingent, tertiary), their full name, relationship to the insured, date of birth, social security number, address, home and/or mobile (cell) telephone number(s) and e-mail address.

**IRREVOCABLE Beneficiary: Primary**

LST Holdings, Ltd. Amount: \$150,000

7111 Valley Green Road, Fort Washington, PA 19034

Business Associate

**REDACTED**

After paying the amount specified above, the balance of proceeds plus any premium reimbursement payable to:

Judith Hirsch 308 Megan Court, Savannah, GA 31405 Spouse **REDACTED**

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

**Request for Ownership Change (To name a trust, refer to the Request for Trust Ownership section)**

If more space is needed use the Special Ownership Request section. The new owner should complete the Tax Certification for Change of Ownership section.

A. To name an individual(s) as owner(s), check one box and complete the Owner(s) Information below.

- The insured, while living, otherwise his or her estate.
- One owner, otherwise owner's estate.
- One owner, otherwise the insured, otherwise the estate of last owner to die (if applicable).
- Successive owners, otherwise estate of last owner to die.
- Successive owners, otherwise the insured, otherwise the estate of last owner to die (if applicable).
- Joint owners, otherwise survivor(s), otherwise estate of last owner to die.
- Joint owners, otherwise survivor(s), otherwise the insured, otherwise the estate of last owner to die (if applicable).

**Owner(s) Information** (For successive owners, name in order of priority. For joint owners, the owner that will receive all notices and will assume tax reporting responsibilities should be shown first. If joint owners are named, all will need to sign for any subsequent requests.)

Name (first, middle initial, last name) \_\_\_\_\_

Relationship to insured \_\_\_\_\_ Date of birth \_\_\_\_\_ Soc. Sec. no. \_\_\_\_\_

Full address \_\_\_\_\_

Telephone number: Home \_\_\_\_\_ Mobile (Cell) \_\_\_\_\_

e-mail address \_\_\_\_\_

Name (first, middle initial, last name) \_\_\_\_\_

Relationship to insured \_\_\_\_\_ Date of birth \_\_\_\_\_ Soc. Sec. no. \_\_\_\_\_

Full address \_\_\_\_\_

Telephone number: Home \_\_\_\_\_ Mobile (Cell) \_\_\_\_\_

e-mail address \_\_\_\_\_

Note: If only one name is shown above, but no box is checked, we will assume that the desired arrangement is "one owner, otherwise owner's estate."

B. To name a business/organization, complete the following:

Name of business/organization \_\_\_\_\_

Full address \_\_\_\_\_

Telephone # \_\_\_\_\_ e-mail address \_\_\_\_\_

Type of business/organization

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other _____	

Name of sole proprietor (if applicable) \_\_\_\_\_

The new owner should complete the Tax Certification for Change of Ownership section.

**Special Ownership Request**

Use this section to explain any special ownership request, to request a limitation of rights, or to include additional information.

If you use this space for additional owners, please provide the full name, relationship to the insured, date of birth, social security number, address, home and/or mobile (cell) telephone number(s), e-mail address, and whether the owner is a primary owner or successive owner.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Request for Trust Ownership** (Complete this section when ownership is changing to a trust)

A. Name of current trustee(s) \_\_\_\_\_

Date of trust agreement \_\_\_\_\_

Name of trust \_\_\_\_\_

Name of grantor(s) \_\_\_\_\_

Relationship of the grantor(s) to the insured \_\_\_\_\_

Trust address \_\_\_\_\_

Telephone # \_\_\_\_\_ e-mail address \_\_\_\_\_

Trust is: (check one)  irrevocable  revocable (If the trust is not in effect, the owner(s) will be the grantor or the grantor's estate, or for multiple grantors, the grantors jointly with the right of survivorship.)

Either complete section B below, or submit the trust agreement, or submit a Certification of Trust where permitted by state law.

B. The trustee(s) certify(ies) that the trust is in effect and that the trustee(s) may, with respect to the policy(ies) listed in the About Your Policy section:

- Invest trust funds in the policy(ies).
- Exercise all rights of ownership and control.
- Be named as owner.

If there is more than one trustee, this statement (as well as any forms required to exercise any rights under the policy(ies)) must be signed by all the trustees, unless the terms of the trust agreement or any applicable state law provide otherwise. Indicate below who is authorized to sign for changes, requests, etc.

All trustees must sign.

Any trustee may sign alone.

The majority of trustees must sign.

\_\_\_\_\_ alone, is the only person authorized to act.

Other (please explain) \_\_\_\_\_

The trustee(s) agree(s) that life insurance policy transactions based on the above statements will be the sole responsibility of the trustee(s) and not of Prudential or the subsidiary that issued the policy.

X \_\_\_\_\_ X \_\_\_\_\_  
Trustee signature Current date mo/day/yr Trustee signature Current date mo/day/yr

X \_\_\_\_\_ X \_\_\_\_\_  
Trustee signature Current date mo/day/yr Trustee signature Current date mo/day/yr

**Tax Certification for Change of Ownership** (See the Important Tax Information instructions for information on this section)

The new owner must complete (a) or (b) below.

(a) Under penalties of perjury, I certify that my correct taxpayer identification number is:

New owner's Social Security number \_\_\_\_\_ New owner's date of birth \_\_\_\_\_  
— or — month / day / year

New owner's employer identification number \_\_\_\_\_

I am not subject to backup withholding for the reasons stated in the Important Tax Information instructions.

(Check the box below only if you are subject to backup withholding.)

I have been notified by the Internal Revenue Service that I am subject to backup withholding due to underreporting of interest or dividends.

(b)  I am not a U.S. person (including resident alien). I am a citizen of \_\_\_\_\_  
Attach the applicable IRS Form W-8(BEN, ECI, EXP, IMY).

Please refer to the Signature(s)/Signature Requirements section.

X \_\_\_\_\_  
New owner's signature Date signed month/day/year

\_\_\_\_\_  
Signer's title (for business/trust owner only)

\_\_\_\_\_  
Business/Trust name (if applicable)

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

**Signature(s)/Signature Requirements (Always complete)**

Your request cannot be processed without the correct signature(s), date, and applicable documentation.

- For individual policyowner(s), the person (or persons if there are joint owners) that owns the policy must sign.
- For corporations, an authorized officer must sign. Be sure to include the title of the officer and the company name.
  - If president – no additional requirements
  - If vice president – for policies over \$1,000,000, provide a Corporate Secretary’s statement reflecting the vice president’s authority to sign
  - If any other officer – provide a corporate resolution
- For limited liability companies (LLC), a copy of the document that identifies who is authorized to act on behalf of the LLC (e.g. operating agreement) must be submitted. The individual(s) authorized to act should sign and include his/her title and the company name.
- For partnerships (LP, LLP, and LLLP), the form should be signed by at least two general partners, followed by the title “general partner” after each signature. If the company only has one general partner, then the sole general partner should sign followed by the title “sole general partner”. Also, include the company name.
- For sole proprietorships, submit the signature of the owner, followed by “doing business as (company name), a sole proprietorship.”
- For trusts, 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.
- For a policy containing a limitation of rights, the person or entity in whose favor the rights have been limited must also sign.

If an ownership change has been requested, new owner must complete the Tax Certification for Change of Ownership section. Transferring ownership may have tax consequences. Because each situation is unique, neither we nor our representatives can provide tax advice. We suggest that you consult with your attorney or other tax advisor regarding any tax implications which may arise from this request.

By signing this form, I:

- certify that I am authorized to sign this form,
- certify that the change(s) being requested are not subject to, or in conflict with, any prior agreement, legal proceeding, or court/administrative order, which restrict, limit, or otherwise prohibit such change(s), including, but not limited to divorce or bankruptcy proceedings,
- authorize all request(s) made on this form, both preprinted and handwritten, which are subject to the terms and conditions of the policy,
- request a waiver of any policy provision that requires me to send Prudential the policy for endorsement of the change(s),
- certify that the policy(ies) is/are in my possession and that no other person has any claim or interest in it/them, except for a collateral assignee under any assignment now on record with Prudential,
- certify that if the owner is a corporation or partnership, that it is not under receivership, trusteeship, or conservatorship, and/or has not been dissolved, and if a partnership, that no notice of disassociation has been filed by any partner, and
- understand that any endorsement that Prudential may issue will conform to its rules and practices.

X

Gregory Hirsch  
Current owner's signature

4-2-2023  
Date signed month/day/year

X

Current 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)

**For Massachusetts residents only**

State law requires that a disinterested adult, who is not a party to the policy, witness any request to change the beneficiary arrangement. Your Prudential representative may sign as a witness.

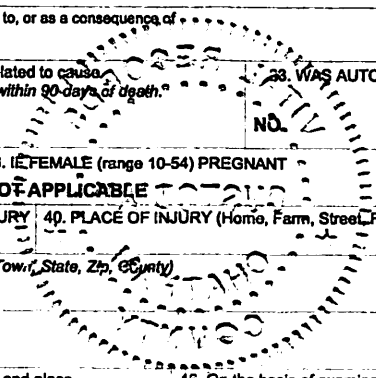
X

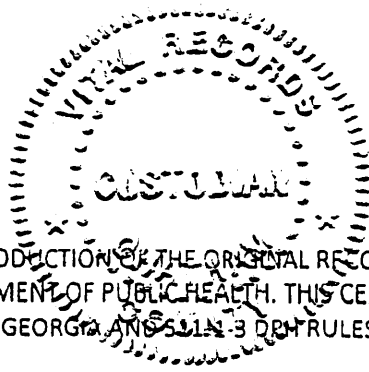
Witness' signature (Massachusetts only)

GEORGIA DEATH CERTIFICATE

State File Number 2023GA000055764

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) <b>GREGORY MARTIN HIRSCH</b>		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX <b>MALE</b>		2a. DATE OF DEATH (Mo., Day, Year) <b>ACTUAL DATE OF DEATH 08/03/2023</b>	
3. SOCIAL SECURITY NUMBER <b>REDACTED</b>		4a. AGE (Years) <b>60</b>		4b. UNDER 1 YEAR Mos. Days Hours Mins.		4c. UNDER 1 DAY <b>REDACTED</b>	
6. BIRTHPLACE <b>GEORGIA</b>		7a. RESIDENCE - STATE <b>GEORGIA</b>		7b. COUNTY <b>CHATHAM</b>		7c. CITY, TOWN <b>SAVANNAH</b>	
7d. STREET AND NUMBER <b>308 MEGAN COURT</b>		7e. ZIP CODE <b>31405</b>		7f. INSIDE CITY LIMITS? <b>YES</b>		8. ARMED FORCES? <b>NO</b>	
8a. USUAL OCCUPATION <b>MANAGING PARTNER</b>		8b. KIND OF INDUSTRY OR BUSINESS <b>ACCOUNTING FIRM</b>					
9. MARITAL STATUS <b>MARRIED</b>		10. SPOUSE NAME <b>JUDITH RENE DUWELL</b>				11. FATHER'S FULL NAME (First, Middle, Last) <b>BERNARD ELLIOT HIRSCH</b>	
12. MOTHER'S MAIDEN NAME (First, Middle, Last) <b>MARCIA LEAH GLICKMAN</b>		13a. INFORMANT'S NAME (First, Middle, Last) <b>JUDITH DUWELL HIRSCH</b>				13b. RELATIONSHIP TO DECEDENT <b>SPOUSE</b>	
13c. MAILING ADDRESS <b>308 MEGAN COURT SAVANNAH GEORGIA 31405</b>				14. DECEDENT'S EDUCATION <b>BACHELOR'S DEGREE</b>			
15. ORIGIN OF DECEDENT(Spanish/Hispanic/Latino) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) <b>WHITE</b>					
17a. IF DEATH OCCURRED IN HOSPITAL				17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) <b>DECEDENT'S HOME</b>			
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) <b>308 MEGAN COURT</b>				19. CITY, TOWN or LOCATION OF DEATH <b>SAVANNAH</b>		20. COUNTY OF DEATH <b>CHATHAM</b>	
21. METHOD OF DISPOSITION (specify) <b>BURIAL</b>		22. PLACE OF DISPOSITION <b>BONAVENTURE CEMETERY 330 BONAVENTURE ROAD SAVANNAH GEORGIA 31404</b>				23. DISPOSITION DATE (Mo., Day, Year) <b>08/04/2023</b>	
24a. EMBALMER'S NAME		24b. EMBALMER LICENSE NO.		25. FUNERAL HOME NAME <b>GAMBLE FUNERAL SERVICE INC</b>			
25a. FUNERAL HOME ADDRESS <b>410 STEPHENSON AVENUE SAVANNAH GEORGIA 31405</b>							
26a. SIGNATURE OF FUNERAL DIRECTOR <b>HANNAH MILLER</b>				26b. FUN. DIR. LICENSE NO <b>FD005821</b>		AMENDMENTS	
27. DATE PRONOUNCED DEAD (Mo., Day, Year) <b>08/03/2023</b>		28. HOUR PRONOUNCED DEAD <b>09:58 PM</b>					
28a. PRONOUNCER'S NAME <b>PATTI C BROUSSARD</b>				29b. LICENSE NUMBER <b>309765</b>		29c. DATE SIGNED <b>08/03/2023</b>	
30. TIME OF DEATH <b>09:58 PM</b>				31. WAS CASE REFERRED TO MEDICAL EXAMINER <b>NO</b>			
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, Or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate interval between onset and death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)						MONTH	
A. <b>AMYOTROPHIC LATERAL SCLEROSIS</b>							
Due to, or as a consequence of							
B.							
Due to, or as a consequence of							
C.							
Due to, or as a consequence of							
D.							
Part II. Enter significant conditions contributing to death but not related to cause given in Part I A. If female, indicate if pregnant or birth occurred within 90 days of death.				33. WAS AUTOPSY PERFORMED? <b>NO</b>		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO DEATH <b>NO</b>		36. IF FEMALE (range 10-54) PREGNANT <b>NOT APPLICABLE</b>				37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>NATURAL</b>	
38. DATE OF INJURY (Mo., Day, Year)		39. TIME OF INJURY		40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)							
43. DESCRIBE HOW INJURY OCCURRED						44. IF TRANSPORTATION INJURY	
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) <b>SANJAY IYER, MD, 65570</b>				46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.)			
45a. DATE SIGNED (Mo., Day, Year) <b>08/16/2023</b>		45b. HOUR OF DEATH <b>09:58 PM</b>		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>SANJAY IYER 4700 WATERS AVENUE SAVANNAH GA 31405 SAVANNAH GEORGIA</b>							
48. REGISTRAR (Signature) <b>/S/ CHRISTOPHER JP HARRISON</b>						49. DATE FILED - REGISTRAR (Mo., Day, Year) <b>08/17/2023</b>	





THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA ANCS 11-3 DPT RULES AND REGULATIONS.

*Dwendolyn Duffin*

DEPUTY STATE REGISTRAR AND CUSTODIAN  
GEORGIA STATE OFFICE OF VITAL RECORDS

COUNTY CUSTODIAN:

*Crystal Hall*

ISSUED BY:

*Crystal Hall*

DATE ISSUED:

AUG 22 2023