



POLICY DELIVERY STATE: \_\_\_\_\_

DATE AUTHORIZATION (LIMITED INSURANCE AGREEMENT FOR PREPAID BUSINESS) SIGNED: \_\_\_\_\_

A. CASE DETAILS

1. General agency contract number: \_\_\_\_\_

B. PROPOSED INSURED (POLICYOWNER UNLESS OTHERWISE NAMED)

1. Name: \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_ 3. Gender:  Female  Male 4. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. Date policy to save age?  Yes  No

6. Driver's license issuing state: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

*If None, why not?:* \_\_\_\_\_

7. Residence address (No PO boxes): Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

8. If the mailing address is different than the residential address: \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

9. Email address (required): \_\_\_\_\_

10. Contact phone numbers: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Alternate: \_\_\_\_\_

Preferred contact number: Check one:  Home  Business  Alternate

11. Is the proposed insured a permanent, legal U.S. resident?  Yes  No

*If No, provide:* Country of legal residence: \_\_\_\_\_ Length of U.S. residence: \_\_\_\_\_

Type of visa: \_\_\_\_\_ Visa number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

12. Earned annual income: \$ \_\_\_\_\_ Unearned annual income: \$ \_\_\_\_\_ Net worth: \$ \_\_\_\_\_

13. Is anyone dependent on the proposed insured for financial support?  Yes  No

14. Do you plan on submitting, or have you recently submitted worksheets that are related to this one?  Yes  No

*If Yes, provide names:* \_\_\_\_\_

15. If the proposed insured is younger than 18 years old, who will be completing the callback?  Parent  Guardian

Name: \_\_\_\_\_

C. PLAN OF INSURANCE

1. Amount of insurance applied for: \$ \_\_\_\_\_

2. Product applied for:  Term Essential®:  10  15  20  30

PruLife® Founders Plus (PFP)

FlexGuard Life (IVUL)

Other: \_\_\_\_\_

PruLife® Custom Premier II (PCP II)

VUL Protector™ (VULP)

PruLife® Essential Universal Life (EUL)

PruLife® Index Advantage (IAUL)

3. For **UL and VUL products only**: Death Benefit type:

Type A (Level)  Type B  Type C (Return of Premium)—**N/A for VULP & IVUL**—Interest rate: \_\_\_\_\_%

4. For **UL and VUL products only**: Definition of life insurance:

Cash Value Accumulation Test (CVAT)  Guideline Premium Test (GPT)

5. Requested Optional Benefits (Not all benefits are available for all products.):

Waiver of Premium/Enhanced Disability Benefit

Acceleration of Death Benefit (Living Needs Benefit)

Accidental Death Benefit: Amount \$ \_\_\_\_\_

BenefitAccess Rider

*If applicable, Select Max Monthly Benefit Percentage*  2% or  4%

Other Riders/Benefits (indicate amount where applicable): \_\_\_\_\_

Overloan Protection Rider

Child Rider: Amount \$ \_\_\_\_\_

Automatic Premium Loan

Enhanced Cash Value Rider



**D. PREMIUM**

1. Send notices (check one):  Policyowner  Other recipient: \_\_\_\_\_  
 Send notices (check one):  Policyowner's residence  Other address:  
 Street \_\_\_\_\_ Apt \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
2. Premium payment mode:  Annually  Semiannually  Quarterly  Monthly – Electronic Funds Transfer (EFT)
3. For non-term plans, billed premium: \$ \_\_\_\_\_

**E. BENEFICIARY DETAILS**

If beneficiary is a trust, provide name of trust and trustee(s), date of trust and if trust is revocable or irrevocable. If beneficiary is a business, list name of business, city and state where located and the form of business.

| Name: First | Middle | Last  | Relationship to Proposed Insured | Age   | Beneficiary Class        |                          |
|-------------|--------|-------|----------------------------------|-------|--------------------------|--------------------------|
|             |        |       |                                  |       | Primary                  | Secondary/Contingent     |
| _____       | _____  | _____ | _____                            | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____       | _____  | _____ | _____                            | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____       | _____  | _____ | _____                            | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____       | _____  | _____ | _____                            | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

**F. INSURANCE HISTORY**

1. Do you have any existing life insurance or annuities?  Yes  No  
 Note: Existing coverage includes any life insurance policies that have been assigned, sold or transferred.
2. Will this insurance replace\* any existing insurance or annuity?  Yes  No
3. List the following details for all existing coverage. (List all in force life insurance; only annuities to be replaced):

| Insurance Company                           | Face Amount | Type  | Product   | To Be Replaced?*  | 1035 Exchange?  |
|---|-------------|---|---|---|---|
| a. _____                                    | \$ _____    | <input type="checkbox"/> Group<br><input type="checkbox"/> Individual | <input type="checkbox"/> Annuity<br><input type="checkbox"/> Life | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <i>If Replacement, policy number:</i> _____ |             |   |   |   |   |
| b. _____                                    | \$ _____    | <input type="checkbox"/> Group<br><input type="checkbox"/> Individual | <input type="checkbox"/> Annuity<br><input type="checkbox"/> Life | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <i>If Replacement, policy number:</i> _____ |             |   |   |   |   |
| c. _____                                    | \$ _____    | <input type="checkbox"/> Group<br><input type="checkbox"/> Individual | <input type="checkbox"/> Annuity<br><input type="checkbox"/> Life | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <i>If Replacement, policy number:</i> _____ |             |   |   |   |   |
| d. _____                                    | \$ _____    | <input type="checkbox"/> Group<br><input type="checkbox"/> Individual | <input type="checkbox"/> Annuity<br><input type="checkbox"/> Life | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <i>If Replacement, policy number:</i> _____ |             |   |   |   |   |
| e. _____                                    | \$ _____    | <input type="checkbox"/> Group<br><input type="checkbox"/> Individual | <input type="checkbox"/> Annuity<br><input type="checkbox"/> Life | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <i>If Replacement, policy number:</i> _____ |             |   |   |   |   |

\*Replace or replaced means that the insurance being applied for may replace or cause a change in any existing insurance or annuity with any company, including the lapse or surrender of the existing policy, or the use of funds or values from the existing policy to pay for the new policy.

**CA ONLY: Complete when requesting BenefitAccess Rider (BAR).**

4. Will this rider replace any existing long-term care coverage presently in force?  Yes  No  
*If Yes, provide name of Company being replaced.* \_\_\_\_\_
5. Will this rider replace any existing Acceleration of Death Benefit coverage presently in force?  Yes  No  
*If Yes, provide name of Company being replaced.* \_\_\_\_\_

**OH JUVENILE (AGE 0 - 17) ONLY:**

6. Is the proposed policyowner considering the transfer or sale to an investor or other third party of: policy ownership; or, any interest in the policy benefits, either directly or indirectly as a beneficiary or owner of a trust or other entity?  Yes  No  
*If Yes, provide details:* \_\_\_\_\_
7. Has the proposed owner been offered any money or other considerations by any person or entity in connection with this application?  Yes  No  
*If Yes, provide details:* \_\_\_\_\_

**All other states:**

8. Is the proposed insured or proposed owner considering the transfer or sale to a life settlement company or other investor of: policy ownership; or, any interest in the policy benefits, either directly as a named beneficiary or indirectly as a beneficiary or owner of a trust or other entity? **In LA: If YES, always complete Section I (Policyowner Statement).**  Yes  No  
*If Yes, provide details:* \_\_\_\_\_

**F. INSURANCE HISTORY (CONTINUED)**

**NY ONLY: Complete when requesting BenefitAccess Rider (BAR).**

9. Do you have any other accident and health care insurance policy, accelerated death benefit policy or rider, long term care insurance, nursing home insurance, home care insurance or long term care insurance provided under the Partnership for Long Term Care Program as defined by New York law?  Yes  No

10. Is this rider intended to replace the coverage identified in #9 above?  Yes  No

11. List the following details for all existing coverage:

a. Company \_\_\_\_\_ Amount \$ \_\_\_\_\_ Policy/Certificate Number \_\_\_\_\_ To Be Replaced?  Yes  No

- Type of Benefit:  Long Term Care Insurance provided under the Partnership for Long Term Care Program  
 Accident and Health Care Insurance  Accelerated Death Benefit Policy or Rider  
 Long Term Care Insurance  Nursing Home Insurance  
 Home Care Insurance

b. Company \_\_\_\_\_ Amount \$ \_\_\_\_\_ Policy/Certificate Number \_\_\_\_\_ To Be Replaced?  Yes  No

- Type of Benefit:  Long Term Care Insurance provided under the Partnership for Long Term Care Program  
 Accident and Health Care Insurance  Accelerated Death Benefit Policy or Rider  
 Long Term Care Insurance  Nursing Home Insurance  
 Home Care Insurance

c. Company \_\_\_\_\_ Amount \$ \_\_\_\_\_ Policy/Certificate Number \_\_\_\_\_ To Be Replaced?  Yes  No

- Type of Benefit:  Long Term Care Insurance provided under the Partnership for Long Term Care Program  
 Accident and Health Care Insurance  Accelerated Death Benefit Policy or Rider  
 Long Term Care Insurance  Nursing Home Insurance  
 Home Care Insurance

**G. TAX CERTIFICATION**

1. Back-up withholding (select one):  
 The policyowner is subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code.  
 The policyowner is **NOT** subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code.
2. The policyowner is subject to FATCA reporting under Section 6038D.  Yes  No
3. The policyowner is a U.S. person (including a U.S. resident alien).  Yes  No

**H. FINANCIAL DETAILS (COMPLETE FINANCIAL SUPPLEMENT WITH TOTAL FACE AMOUNTS OF \$5,000,000 OR MORE UP TO AGE 70, \$2,500,000 OR MORE AGES 71-80, \$1,000,000 OR MORE AGES 81 AND UP. FINANCIAL INFORMATION PREPARED BY AN INDEPENDENT THIRD-PARTY IS REQUIRED FOR APPLICATIONS WITH TOTAL FACE AMOUNTS OF \$10,000,000 OR MORE UP TO AGE 70, \$2,500,000 OR MORE AGES 71-80, \$1,000,000 OR MORE AGES 81 AND UP.)**

Submit copies of material that supplements the information requested, such as loan commitments, written buy-sell agreements, audited financial statements or letters. If the *Additional Financial Information* form (ORD 86154-2013) is submitted in-lieu of independent third-party financial documentation, the form is required to be completed by the third-party financial advisor and signed by the proposed insured(s), owner(s), and producer.

**Financial Information**

1. Source of Financial Information. (Check all that apply.):  
 Proposed Insured  Accountant/CPA  Banker  Attorney  Producer  Other: \_\_\_\_\_
2. Who determined the amount of insurance applied for? (Check all that apply.)  
 Proposed Insured  Accountant/CPA  Banker  Attorney  Producer  Other: \_\_\_\_\_
3. Current Annual Household Income:  
a. Gross Compensation (e.g., Salary, Commissions, Bonuses, etc.): \$ \_\_\_\_\_  
b. Other Income (e.g., Dividends, Interest, Net Real Estate Income, etc.): \$ \_\_\_\_\_  
c. Total Annual Cash Income before taxes: \$ \_\_\_\_\_
4. Net Worth (excluding any business interest)  
a. Liquid Assets (assets that can be easily changed to cash): \$ \_\_\_\_\_  
b. Other Assets: \$ \_\_\_\_\_  
c. Liabilities: \$ \_\_\_\_\_  
d. Net Worth (excluding business): \$ \_\_\_\_\_
5. Business Related Assets: \$ \_\_\_\_\_

**H. FINANCIAL DETAILS (CONTINUED)**

6. Have either the Proposed Insured or owner filed for bankruptcy within the past five years?  Yes  No

*If Yes, please provide details including whether bankruptcy was dismissed or discharged; type of bankruptcy (chapter); whether it was personal or business related; current status; single or multiple occurrences; any outstanding judgments, liens or garnishments, etc.*

Additional comments: \_\_\_\_\_

**I. POLICYOWNER STATEMENT**

**OH ONLY: FOR UL AND VUL: COMPLETE IF PROPOSED INSURED IS AGE 18 OR ABOVE & FACE AMOUNT OF \$50,000 AND ABOVE.**

**FOR TERM: COMPLETE IF PROPOSED INSURED IS AGE 70 OR ABOVE & FACE AMOUNT OF \$1,000,000 AND ABOVE.**

**ALL OTHER STATES: COMPLETE IF PROPOSED INSURED IS AGE 70 OR ABOVE & FACE AMOUNT OF \$1,000,000 AND ABOVE FOR UL AND TERM.**

Prudential will not knowingly participate in a life insurance sale where the sale of the policy in a secondary market or the participation of investors in the policy death benefits is being considered.

1. Has the policyowner or the proposed insured been offered "free insurance" or any inducement such as a cash payment, gifts, loan proceeds in excess of the amount necessary to fund the policy, or anything else of value as an encouragement to apply for this life insurance policy?  Yes  No

2. **Not applicable in LA:** Has the policyowner or the proposed insured been solicited to sell or transfer, or had any discussions about selling any of the following to a life settlement company or group of investors in the next five years: the proposed life insurance policy; any other life insurance policy on the life of the proposed insured; or, a trust, limited liability company or other entity that has been or will be established to own the policy?  Yes  No

3. Has the policyowner or the proposed insured entered into or been offered a financing arrangement where a lender or other third party, other than your employer or family member, will receive any portion of the death benefit of the policy applied for in excess of repayment of the principal and interest  Yes  No

*If Yes to questions 1, 2, or 3, please provide details.*

**J. OWNER (COMPLETE IF OWNER IS OTHER THAN THE PROPOSED INSURED)**

For multiple owners, list details in Remarks.

1. Name of policyowner: \_\_\_\_\_

2. Social Security/Tax identification Number (SSN/TIN): \_\_\_\_\_

3. Residence address (No PO boxes): Street \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4. If the mailing address is different than the residential address: \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

5. Policyowner's email address: \_\_\_\_\_

6a. For trust owner: **Complete the Trustee Statement and Agreement.**

Trust date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Trustee(s) \_\_\_\_\_

Type:  Revocable  Irrevocable  Qualified Retirement Plan Trust  Welfare Benefit Trust

6b. For business owner:

Form:  Corporation  Partnership  Sole Proprietorship  Other: \_\_\_\_\_  
 S Corporation  LLC  Tax Exempt

6c. For personal owner:

Total insurance program: Currently inforce: \$ \_\_\_\_\_ Pending applications: \$ \_\_\_\_\_

Relationship to proposed insured: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Earned annual income: \$ \_\_\_\_\_ Unearned annual income: \$ \_\_\_\_\_ Net worth: \$ \_\_\_\_\_

Why will this person own the contract?

Business Insurance  Estate Tax  Support for Insured  
 Final Expenses  Other \_\_\_\_\_

**K. BUSINESS INFORMATION (COMPLETE THIS SECTION WHEN THE APPLICATION IS FOR BUSINESS INSURANCE.)**

Submit copies of material that supplements the information requested, such as loan commitments, written buy-sell arrangements, audited financial statements or letters.

1. Source of Financial Information. (Check all that apply.):

Proposed Insured  Accountant/CPA  Banker  Attorney  Producer  Other: \_\_\_\_\_

2. Who determined the amount of insurance applied for? (Check all that apply.)

Proposed Insured  Accountant/CPA  Banker  Attorney  Producer  Other: \_\_\_\_\_

3. Name of company: \_\_\_\_\_

4. When was the business established? (mm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

5. The Proposed Insured is an:  Employee  Owner If owner, percentage of ownership: \_\_\_\_\_%

6. List amount of business insurance in force & applied for in all companies on each officer/member of the business.

| Name  | Age   | Ownership % | In force Amount | Amount Applied For |
|-------|-------|-------------|-----------------|--------------------|
| _____ | _____ | _____ %     | \$ _____        | \$ _____           |
| _____ | _____ | _____ %     | \$ _____        | \$ _____           |
| _____ | _____ | _____ %     | \$ _____        | \$ _____           |
| _____ | _____ | _____ %     | \$ _____        | \$ _____           |

7. Purpose: (Check all that apply and answer all supplemental questions.)

a.  Buy-Sell Arrangement

- 1. Is there a written buy-sell agreement?  Yes  No
- 2. Are all other parties to agreement already covered by or applying for comparable amounts of insurance?  Yes  No

**If No, explain:** \_\_\_\_\_

b.  Key Person

- 1. Are all other key persons covered by or applying for comparable amounts of insurance?  Yes  No

**If No, explain:** \_\_\_\_\_

- 2. Why is the Proposed Insured considered "key"? (Detail special skills/knowledge/ability.)

\_\_\_\_\_

c.  Business Loan Collateral

- 1. Is the insurance required by the creditor?  Yes  No
- 2. Is the Proposed Insured personally responsible for the loan?  Yes  No

3. Name of creditor/lending institution: \_\_\_\_\_

4. What is the purpose of the loan? \_\_\_\_\_

5. What is the amount of the loan? \$ \_\_\_\_\_

6. What is the repayment schedule? \_\_\_\_\_

7. Date loan was committed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**If not yet committed, please explain:** \_\_\_\_\_

\_\_\_\_\_

8. What is the total fair market value of the business? \$ \_\_\_\_\_

9. Business values:

Assets: \$ \_\_\_\_\_ Gross annual sales and/or revenue: \$ \_\_\_\_\_

Liabilities: \$ \_\_\_\_\_ Net profit after taxes: \$ \_\_\_\_\_

10. Additional comments: \_\_\_\_\_

**L. ACCOUNT SELECTION FOR PRULIFE® FOUNDERS PLUS UL OR PRULIFE® INDEX ADVANTAGE UL**

**1A. COMPLETE THIS SECTION FOR PRULIFE FOUNDERS PLUS UL (2020 OR LATER):**

The policy applied for provides for automatic transfers of premiums and other amounts paid into the policy from the Fixed Account to the Indexed Account(s). Amounts eligible for transfer are described in the policy.

**Retain in:** Fixed Account: \_\_\_\_\_ %  
**Transfer to:** S&P 500® Indexed Account \_\_\_\_\_ %  
(offers opportunity for index interest based on performance of the \*S&P 500® Index): \_\_\_\_\_ %  
Goldman Sachs Voyager Indexed Account \_\_\_\_\_ %  
(offers opportunity for index interest based on performance of the \*\*GS Voyager Index): \_\_\_\_\_ %  
**Total** 100 %

**Optional Election of Designated Transfer Amount.** The amount designated will be transferred monthly on the Transfer Date, from the Fixed Account to the Indexed Account(s). Use of this feature requires that at least a portion of your payment allocations be directed to the Fixed Account.

Dollar amount of designated transfer: \$ \_\_\_\_\_

**Transfer to:**

\*S&P 500® Indexed Account: \_\_\_\_\_ %  
\*\*Goldman Sachs Voyager Indexed Account: \_\_\_\_\_ %  
**Total** 100 %

Number of months for designated transfer: \_\_\_\_\_ or  unlimited

**2A. COMPLETE THIS SECTION FOR PRULIFE® INDEX ADVANTAGE UL (2016 OR LATER)**

The policy applied for provides for automatic transfers of premiums and other amounts paid into the policy from the Fixed Account to Indexed Accounts.

**Retain in:** Fixed Account: \_\_\_\_\_ %  
**Transfer to:** \*S&P 500® Indexed Account: \_\_\_\_\_ %  
**Transfer to:** \*S&P 500® Uncapped Indexed Account: \_\_\_\_\_ %  
**Total** 100 %

**Designated Transfers (Optional)**

The Index Advantage Universal Life Policy allows for a specific dollar amount to be transferred monthly on the Transfer Date, from the Fixed Accounts to the Indexed Accounts. Use of this feature requires that at least a portion of your payment allocations be directed to the Fixed Account.

Dollar amount of designated transfer: \$ \_\_\_\_\_

**Transfer to:**

\*S&P 500® Indexed Account: \_\_\_\_\_ %  
\*S&P 500® Uncapped Indexed Account: \_\_\_\_\_ %  
**Total** 100 %

Number of months for designated transfer: \_\_\_\_\_ or  unlimited

**M. VARIABLE CONTRACTS (COMPLETE THIS SECTION WHEN APPLICATION IS FOR A VARIABLE CONTRACT.)**

**1. Investment Options and Allocations** (Indicate investment option, code & allocation percentage for each fund chosen.)

Total allocation must equal 100%.)

- Allocations to the Fixed Rate Option (FXRT) are subject to transfer restrictions to subaccounts.
- Fixed Rate Option is required to be used for Designated Transfers (below) into Index Strategies.
- Automatic Money Market (AMKT) is required to be used for Dollar Cost Averaging (DCA, below).
- If you select the Extended Plus No-Lapse Guarantee Rider (below), your allocations are restricted to Buffered Index Strategies.

| Investment Option | Code  | Allocation | Investment Option | Code  | Allocation |
|-------------------|-------|------------|-------------------|-------|------------|
| _____             | _____ | _____ %    | _____             | _____ | _____ %    |
| _____             | _____ | _____ %    | _____             | _____ | _____ %    |
| _____             | _____ | _____ %    | _____             | _____ | _____ %    |

To enroll in Dollar Cost Averaging (DCA), the *Request for Dollar Cost Averaging-Enrollment or Change* (COMB 98815) form must be completed. **Automatic Money Market (AMKT) is required to be used for Dollar Cost Averaging (DCA).**

**2. No-Lapse Guarantee:** If applying for Flexguard Life IVUL, you may extend your policy's built-in No-Lapse Guarantee by selecting a rider below.

- Extended No-Lapse Guarantee Rider** – the No-Lapse Guarantee Rider will terminate no later than the policy anniversary immediately on or after the insured's 91st birthday.
- Extended Plus No-Lapse Guarantee Rider** – the No-Lapse Guarantee Rider will terminate no later than the policy anniversary immediately on or after the insured's 121st birthday.

**3. S&P 500® Indexed Account Rider:** If applying for PruLife Customer Premier II, election of this rider allows you to select the S&P 500® Indexed Account, now or in the future.

- Check this box to elect the S&P 500® Indexed Account Rider**

**4. Designated Transfers (optional):** You may specify a dollar amount to be transferred monthly on the transfer date to the Index Strategy(ies).

- A portion is required to be allocated to Fixed Rate Option (FXRT) in section 1 above.
- For product(s) that offer(s) S&P 500® Indexed Account as a Rider, the rider is required to be selected in section 3 above to request designated transfers.

Dollar amount of designated transfer: \$ \_\_\_\_\_

Number of months for designated transfer: \_\_\_\_\_ or  unlimited

**FLEXGUARD LIFE IVUL ONLY:**

Transfer to:

| Index Strategy | Code  | Allocation | Index Strategy | Code  | Allocation |
|----------------|-------|------------|----------------|-------|------------|
| _____          | _____ | _____ %    | _____          | _____ | _____ %    |
| _____          | _____ | _____ %    |                |       |            |

**5. Allocated Charges** (Must be in whole percentages, maximum 2):

Investment Option: \_\_\_\_\_ Percentage: \_\_\_\_\_%      Investment Option: \_\_\_\_\_ Percentage: \_\_\_\_\_%

To enroll in Automatic Rebalancing, the *Request for Auto Rebalance* (ORD 96819) form must be completed.

**6. Telephone Reallocations/Transfer Privileges** (If more than one owner, telephone reallocations/transfer privileges are NOT allowed.)

Did the policyowner authorize telephone reallocation and fund transfer?  Yes  No

He/She understands that by not taking this option any future request for this option must be submitted in writing.

*\* The S&P 500® Index is a product of S&P Dow Jones Indices LLC ("SPDJI"), and has been licensed for use by The Prudential Insurance Company of America for itself and affiliates including Pruco Life Insurance Company and Pruco Life Insurance Company of New Jersey (collectively "Pruco Life"). Standard & Poor's®, S&P®, and S&P 500® are registered trademarks of Standard & Poor's Financial Services LLC ("S&P"); Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC ("Dow Jones"); and these trademarks have been licensed for use by SPDJI and sublicensed for certain purposes by Pruco Life. Pruco Life's products are not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, S&P, or their respective affiliates and none of such parties make any representation regarding the advisability of purchasing such product(s) nor do they have any liability for any errors, omissions, or interruptions of the S&P 500® Index. S&P 500® index values are exclusive of dividends.*

*\*\*The fixed indexed universal life product is not sponsored, endorsed, sold, guaranteed, underwritten, distributed or promoted by Goldman Sachs & Co. or any of its affiliates (including Goldman Sachs Asset Management, L.P.), with the exception of any endorsement, sales, distribution or promotion of this product that may occur through its affiliates that are licensed insurance agencies (excluding such affiliates, individually and collectively, "Goldman Sachs") or its third party data providers. Goldman Sachs and its third party data providers make no representation or warranty, express or implied, regarding the advisability of purchasing life insurance products generally or the fixed indexed universal life product or selecting the reference indexes available through the fixed indexed universal life product particularly, the ability of the Goldman Sachs Voyager Index to perform as intended, the merit (if any) of obtaining exposure to the Goldman Sachs Voyager Index or the suitability of purchasing or owning the fixed index universal life product. Goldman Sachs and its third party data providers do not have any obligation to*





For ALL cases: It is the responsibility of the financial professional to complete the *Prudential Xpress QuickForm* (ORD 113034) and *Agent's Report* (ORD 114120). Do not provide either form to the client to complete.

**BEFORE SOLICITING A NEW BUSINESS APPLICATION IN NEW YORK**

- The state of New York requires the completion of Best Interest and carrier Product Training
- These trainings must be completed prior to soliciting in the state of New York for all life insurance sales
- Vendors offering The New York 187 Best Interest training course can be identified at:  
[https://www.dfs.ny.gov/apps\\_and\\_licensing/agents\\_and\\_brokers/Suitability/Best%20Interests%20Training](https://www.dfs.ny.gov/apps_and_licensing/agents_and_brokers/Suitability/Best%20Interests%20Training)
- Prudential offers two separate product training courses, one for Term Insurance and one for Permanent Insurance
- These courses, titled 19TERM0100 and 19PERM0100 can be accessed through vendor partners Kaplan and RegEd

**PRUFAST TRACK ELIGIBILITY**

**NOTE: All PruFast Track eligible cases MUST be submitted via the PruFast Track eligible option.**

- All term products (except PruTermOne) and all single life permanent products.
- Ages 18-60.
- Face amount \$100,000 to \$3 million.
- Permanent legal U.S. resident.

If the application meets the above criteria, the *PruXpress QuickForm* (ORD 113034) is required.

**BEFORE SUBMITTING PRUDENTIAL XPRESS QUICKFORM**

- Confirm that you are appropriately licensed and appointed in the applicable state(s).
- Refer to the *Product Availability by State* listing on [www.pruxpress.com](http://www.pruxpress.com) for all product and rider availability.
- Verify you have the correct state-specific version of the application and other forms, as applicable, for the state you are writing in.
- Insert the proposed insured's name and, if applicable, policy number on all forms.
- Provide the *Important Notice About Your Application for Insurance* (ORD 96200B), the *Department of Financial Services of the State of New York - Definition of Replacement* (COMB 98774), and the *What Every Consumer Should Know About Life Insurance* brochure to the proposed insured.
- Provide the *Privacy Notice* to the proposed insured or proposed policyowner(s), if different than the proposed insured, on ALL variable cases.
- Complete ALL applicable supplements and agreements in **BLACK ink only** with clear and legible handwriting. Make sure to initial all changes.
- Encourage the client to sign an *Authorization to Disclose Information to General Agent or Broker* (ORD 112719).
- Complete all data field in Sections A-G of the *QuickForm*, and Sections H-0, as applicable.
- Enter an alternate mailing address under "Remarks" (section O) when the proposed insured is not the policyowner nor the premium notice recipient, and mail cannot be delivered to the proposed insured's residential address provided under "Proposed Insured" (section A). A P.O. box address is acceptable.
- Complete all information requested on the *Authorization to Release Information* (ORD 96200C).
- Review "When submitting a prepayment" below if you are collecting a prepayment under the terms of the *Limited Insurance Agreement* (LIA).
- Obtain **ALL** necessary signatures (proposed insured and proposed policyowner(s), if different than the proposed insured), titles, and dates, where applicable.

**WHEN SUBMITTING A PREPAYMENT**

- Complete a *Limited Insurance Agreement* (Limited Insurance Agreement section of the ORD 96200F for Prudential financial professionals or ORD 96200A for Third Party financial professionals).
- Always obtain **ALL** necessary signatures (proposed insured and policyowner(s), if different than proposed insured).
- Complete the *Request for Initial Premium (E-PAY) and/or to Establish Monthly Electronic Funds Transfer (EFT)* (ORD 114416), OR Instruct the payor to make the check payable to "Prudential Insurance Company".

**NOTE: The total death benefit payable under all LIAs combined is the amount applied for, up to a maximum of \$1,000,000.**

**WHEN SUBMITTING FOR A JUVENILE (AGE 0-17) APPLICATION**

**NOTE: For Juvenile submissions a telephone interview will be required.**

- The parent or guardian of the Juvenile Proposed Insured should complete the interview.

## WHEN ORDERING AN EXAM

- For cases that fall outside of the PruFast Track parameters, please indicate on the *Agent's Report* if requirements should be ordered by Prudential or by the producer/GA. If producer/GA is selected, request a Modified Exam. Refer to the *Age and Amount Chart* on [www.pruxpress.com](http://www.pruxpress.com) for additional information.
- All requirements for term and single life permanent products ages 18 to 60 with face amounts between \$100,000 and \$3 million will be ordered by Prudential, if necessary.

## DO NOT

- × Waive any of our requirements or information we request as you do not have that authority.
- × Guarantee or imply that Prudential will provide insurance.
- × Use correction fluid/tape.
- × Accept prepayment if:
  - Submitted in the form of cash.
  - The check is made payable to you or with the payee field left blank.
  - The proposed insured is unable to certify the health attestations.
  - The proposed insured's age is greater than 75 years.
  - The total amount of insurance requested in all applications on the proposed insured is greater than \$5,000,000.



**Pruco Life Insurance Company of New Jersey,**  
*A subsidiary of The Prudential Insurance Company of America*

No. \_\_\_\_\_

A Supplement to the Application in which \_\_\_\_\_ is named as the proposed Insured.

The policy applied for offers a choice of two different tests to determine whether the policy meets the definition of life insurance under Internal Revenue Code Section 7702: the Cash Value Accumulation Test (CVAT) and the Guideline Premium Test (GPT).

### **Cash Value Accumulation Test (CVAT) and Guideline Premium Test (GPT)**

These two tests are used to determine whether an insurance policy meets the definition of life insurance under I.R.C. Section 7702. The CVAT test generally permits more premium to be paid into a policy during its initial years than the GPT test. The CVAT test requires that you maintain a higher level of death benefit in relation to cash value than the GPT test. You should consider the CVAT test if you wish to maximize premium payments over a short period. You should consider the GPT test if you wish to maintain a higher level of cash value in relation to death benefit protection. Once you elect one of the tests, you may never change it.

The definition of life insurance test that works best for you will depend on a number of factors, including the amount of death benefit you want, the amount of premium you plan to pay, and whether you intend to make withdrawals or loans. If a death benefit guarantee is offered on the policy, the definition of life insurance test and the type of death benefit that you choose may affect the duration of the death benefit guarantee.

You should consult your sales representative for more information about our policies so that you can select the test and death benefit type that best accomplish your goals. You may request an illustration on both tests from your sales representative to help in your decision.

I have read and understand the above disclosure regarding the availability of the different tests under I.R.C. Section 7702.

I am selecting the following test:       Cash Value Accumulation Test (CVAT)  
    Guideline Premium Test (GPT)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_





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

POLICY NUMBER (IF KNOWN): \_\_\_\_\_

PROPOSED INSURED NAME (PRINT): \_\_\_\_\_

**This Authorization was intended to comply with the HIPAA Privacy Rule**

- I authorize any licensed physician, medical practitioner, hospital, clinic, other health care provider, pharmacy benefit manager, insurance company or producer, financial or legal advisor, government agency, MIB LLC, consumer reporting agency, or other organization or person to give any information about me, or my mental or physical health to the Company to determine my eligibility for insurance and/or benefit payment, and/or to contest coverage and/or to conduct legally permissible actuarial, audit and research activities. It also includes motor vehicle records.
- The information authorized for release includes (but not limited to paper and/or electronic format):  
**My entire medical record, including any information regarding medications used, drug and alcohol treatment, the results of any genetic testing previously performed, and communicable or venereal diseases, such as hepatitis, syphilis, gonorrhea, the human immunodeficiency virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS), and the diagnosis and treatment of mental health conditions, excluding psychotherapy notes.**
- For purposes of this Authorization, I hereby revoke any prior restriction on disclosure of my medical records, and authorize the release of my entire medical record to the Company, excluding psychotherapy notes.
- I understand that the aforementioned parties requesting access to my (electronic or paper) medical records are acting as a patient authorized representative and will attempt to access my medical records in the most efficient manner possible, including electronic interchange through a Health Information Exchange or directly through My Providers' electronic health record system.
- This Authorization may be revoked at any time by writing us at the Customer Service Office address provided in the Important Notice. The revocation will not be valid to the extent we relied on the authorization prior to the notice of revocation. In addition, the revocation does not effect our legal rights under the policy to contest a claim or the policy itself. Revocation or alteration of this Authorization may mean that we will not be able to complete the application process and may deny a claim for insurance.
- Once disclosed to the Company, the information will no longer be protected by the Health Insurance Portability and Accountability Act, but will be protected by other applicable federal and state laws relating to the protection of personal information. Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR part 2.
- This Authorization also applies to any member of my family proposed for coverage in the application & is valid for 2 years after the date below for the purposes stated above. When used for claim purposes, it is valid for 2 years after the date below or for the duration of the claim.
- A copy of this Authorization will be provided to me or my authorized representative by my insurance representative or the Company, either at time of execution or shortly thereafter. I understand my representative can tell me how and when I will receive a copy. A photocopy of this Authorization is as valid as the original.
- Treatment, payment, enrollment in a health plan, or eligibility for health benefits may not be conditioned on signing this authorization.

**SIGNATURES**

- I acknowledge that I have received the **Important Notice About Your Application for Insurance**.
- I authorize the Company to retain and disclose information to reinsurers, or for insurance underwriting, policyholder service or claim handling, to financial professionals or their agents involved in the sale or placement of a policy or as otherwise allowed by law. I also authorize the Company, its reinsurers or authorized third-party administrators to make a brief report to MIB LLC. Any revocation of this authorization will not impact these rights of disclosure.

→ Signature of proposed insured **X** \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian when proposed insured age is less than 18)





PROPOSED INSURED: \_\_\_\_\_

**A. PURPOSE OF INSURANCE**

**REQUIRED: Primary Purpose of Insurance** (Must choose at least one. Check all that apply.)

*\*Supplemental riders/benefits such as BAR for chronic or terminal illness do not qualify as a primary purpose of insurance.*

- Personal:**             Survivor income                       Supplemental retirement income             Debt/Mortgage protection  
 Estate liquidity                       Final expenses                               Asset repositioning/Wealth Transfer  
 Charitable giving
- Executive Benefits:**  SERP/Deferred compensation     Split dollar                               Restrictive bonus  
 Executive 162 bonus
- Business:**             Buy-Sell/Business continuation     Loan indemnification                       Key person

**OPTIONAL: Secondary Purpose of Insurance:**  BAR for Chronic/Terminal Illness

**B. PRODUCER INFORMATION**

Please identify all producers and firms involved in this sale. For split cases, please use whole percentage amounts. Include an additional page with all details if more than two producers. The producer will be paid directly for non-variable sales if no firm information is provided.

**PRODUCER #1**

Split commission %: \_\_\_\_\_

Producer name: \_\_\_\_\_ GA name: \_\_\_\_\_

Producer contract number: \_\_\_\_\_ GA contract number: \_\_\_\_\_

Producer Social Security number: \_\_\_\_\_ GA Employer Identification Number: \_\_\_\_\_

Producer e-mail for electronic policy delivery (if requested): \_\_\_\_\_ Case manager e-mail: \_\_\_\_\_

**PRODUCER #1 FIRM**

**Complete only if producer #1 is acting on behalf of a firm (Both must be properly licensed and appointed for the sale.)**

Firm name: \_\_\_\_\_ Firm contract number: \_\_\_\_\_

Firm Employer Identification Number: \_\_\_\_\_

**PRODUCER #2**

Split commission %: \_\_\_\_\_

Producer name: \_\_\_\_\_ GA name: \_\_\_\_\_

Producer contract number: \_\_\_\_\_ GA contract number: \_\_\_\_\_

Producer Social Security number: \_\_\_\_\_ GA Employer Identification Number: \_\_\_\_\_

**PRODUCER #2 FIRM**

**Complete only if producer #2 is acting on behalf of a firm (Both must be properly licensed and appointed for the sale.)**

Firm name: \_\_\_\_\_ Firm contract number: \_\_\_\_\_

Firm Employer Identification Number: \_\_\_\_\_

**C. CASE DETAILS (Prudential will order requirements for term cases within PruFast Track parameters.)**

Who is responsible for the requirement ordering?  Producer will provide completed Exam. *If checked, skip to Section D.*

- Age and amount requirements:     Prudential     Producer/GA
- Preferred Exam Vendor:             APPS             SMM
- Attending Physician Statement (APS):  Prudential     Producer/GA

**D. KNOWLEDGE OF PROPOSED INSURED**

- Did you see the proposed insured during the sales process?  Yes  No
- Is the proposed insured a prior client?  Yes  No
- Knowledge of Proposed Insured:  Self     Relative     Know Slightly     Known well for \_\_\_\_ Years at:  Home     Business  
 Have never met     Other (provide details on how you know the proposed insured) \_\_\_\_\_
- If you have never met, provide how the solicitation took place:  Internet or Phone Sale     Direct Mail     Ticket Process     Referral  
 Financial Planner/CPA/Attorney Recommendation     Walk in     Other \_\_\_\_\_

(CONTINUED)



**E. SUITABILITY DECLARATIONS (VARIABLE PRODUCTS ONLY)**

1. This application is submitted in the belief that the purchase of this policy is suitable for the policyowner based on the information furnished by the policyowner.  Yes  No
2. Reasonable inquiry has been made of the policyowner concerning the policyowner’s insurance and investment objectives, financial situation and needs.  Yes  No
3. The policyowner is considering the purchase of this variable life insurance product as a vehicle for long-term life insurance death benefit protection. The policyowner is not using this product as an investment vehicle but may also have a need for cash accumulation.  Yes  No

**F. SOURCE OF FUNDS (CASH WILL NOT BE PERMITTED FOR PAYMENT.)**

1. **For Non-Term Policies Only:** Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity? If “yes”, additional disclosure form may be required.  Yes  No
2. What is the source of funds used to pay premiums on this policy? (Check all that apply.):
 

|  | Initial   | Future  |
|--|---|---|
| Current income   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| CDs or savings   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Mutual funds or brokerage account                          | <input type="checkbox"/>  | <input type="checkbox"/>  |
| Existing life insurance policy(ies) or annuity contract(s) | <input type="checkbox"/> (If selected complete questions 3 and 4) | <input type="checkbox"/> (If selected complete questions 3 and 4) |
| 1035 Exchange  | <input type="checkbox"/>  | <input type="checkbox"/>  |

**Complete questions 3 and 4 only if using an existing Prudential or third party policy(ies) or annuity contract(s) to pay either initial or future premiums:** (If more than one policy or contract provide full details in the **Remarks** section.)
3. What is the policy number(s) for the source of the premiums? \_\_\_\_\_  
 Will any of the above policies cease to exist?  Yes  No
4. What is the form of the proceeds for the above policy(ies)? (Check all that apply.):  
 Accumulated dividends     Loans     Partial surrender or withdrawal

**G. UNDERWRITING CATEGORY QUOTED**

**If a contractual conversion, select the quoted rating that is equivalent to the guaranteed rating from the term contract.**

- Preferred Best     Preferred Non-Tobacco     Non-Smoker Plus     Non-Smoker     Preferred Smoker     Smoker  
 Special Class: \_\_\_\_\_     Temporary Extra Premium (per thousand): \$ \_\_\_\_\_  
 Avocation/Occupation Flat Extra Premium (per thousand): \$ \_\_\_\_\_     Aviation Flat Extra Premium (per thousand): \$ \_\_\_\_\_

**H. PRUDENTIAL/PRUCO POLICIES ISSUED WITHIN 3 MONTHS**

1. Has the client been issued a Prudential/Pruco policy within the past 3 months?  Yes  No  
 If YES, provide Prudential/Pruco policy number: \_\_\_\_\_
2. Has the health, mental or physical condition of the proposed insured changed since the answers and statements were given in the above application?  Yes  No

**I. REMARKS**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**J. MILITARY**

- 1. Is the proposed insured an active duty service member of the United States Armed Forces (including National Guard and Reserve)?  Yes  No
- 2. Is the policyowner, or the person to whom this policy was sold, an active duty service member of the United States Armed Forces (including National Guard and Reserve)?  Yes  No

**For a YES answer to J1 or J2, complete the appropriate disclosure form(s) and return to the Home Office.**

**K. PRODUCER'S STATEMENT**

- 1. If replacement, are all policies to be replaced Term policies?  Yes  No
- 2. Do you intend to deliver the policy face to face?  Yes  No

I certify that:

- The solicitation or sale did NOT take place on a military base or other Department of Defense (DOD) installation;
- I have no knowledge of any factors which may have a negative effect on the proposed insured's insurability;
- I have given the *Important Notice About Your Application for Insurance* to the proposed insured;
- I provided the policyowner with the brochure *What Every Consumer Should Know About Life Insurance* and answered any questions they had about the purchase;
- If required by state regulation, I have read the *Important Notice Regarding Replacement* aloud to the applicant or the applicant did not wish the notice to be read aloud;
- **If this is for the sale of a variable product:** I have provided current copies of the *Privacy Notice* and the *ID Verification Notice* to all owner(s) and legal representative(s) and I have offered the client a choice of a paper initial summary prospectus, or an electronic initial summary prospectus and provided the client with their choice;
- **If this is for the sale of an equity-indexed product:** I have provided the owner(s) with the appropriate disclosures and marketing brochures, which highlight key features of the product;
- **If this is a replacement:** I have discussed the advantages and disadvantages of the replacement with the client and determined that the transaction is appropriate and I have completed the state-required replacement form(s);
- I have no other information, other than as previously reported, that the proposed insured has existing life insurance or annuities or that indicates this coverage may replace or change any current insurance or annuity in any company;
- If I become aware of a change in the health or habits of the proposed insured occurring after the date of the application but before policy delivery, I promise to inform the Company of the change and agree to withhold policy delivery until instructed by the company;
- **CA:** The *CA Disclosure Statement* was provided to the policyowner in accordance with CA Insurance Code section 789.8;
- **NY:** I have fully discussed and explained the life insurance features and charges including restrictions to the applicant. I represent that: (a) this life insurance is suitable and in the best interest of the applicant in accordance with New York Insurance Regulation 187, (b) at or before the time of recommendation, I provided to the applicant all disclosures required under New York insurance regulations, including disclosing, in a reasonable summary format, all relevant suitability considerations and product information, both favorable and unfavorable, that provided the basis for my recommendation, and (c) I have a reasonable basis to believe that the applicant has the financial ability to meet the financial commitments of the policy.
- **PA:** The *Disclosure Statement* as required by the Commonwealth of Pennsylvania Insurance Department was delivered to the policyowner;
- **VT:** If the policy applied for is a charitable gift, I have provided the *Charitable Life Gifts Disclosure* form to the proposed insured;
- All of the above statements are true and accurate.

→ Signature of producer **X** \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK - DEFINITION OF REPLACEMENT**

**IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.**

**AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:**

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT , OR OTHERWISE TERMINATED?  YES  NO
- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?  YES  NO
- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?  YES  NO
- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?  YES  NO
- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?  YES  NO
- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?  YES  NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

To the best of my knowledge, a replacement is involved in this transaction:  YES  NO

Date: \_\_\_\_\_ Signature of Agent or Broker: \_\_\_\_\_





---

**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK - DEFINITION OF REPLACEMENT**

**IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.**

**AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:**

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT , OR OTHERWISE TERMINATED?  YES  NO
- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?  YES  NO
- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?  YES  NO
- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?  YES  NO
- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?  YES  NO
- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?  YES  NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

To the best of my knowledge, a replacement is involved in this transaction:  YES  NO

Date: \_\_\_\_\_ Signature of Agent or Broker: \_\_\_\_\_

---

**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK - DEFINITION OF REPLACEMENT**

**IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.**

**AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:**

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT , OR OTHERWISE TERMINATED?  YES  NO
- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?  YES  NO
- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?  YES  NO
- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?  YES  NO
- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?  YES  NO
- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?  YES  NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

To the best of my knowledge, a replacement is involved in this transaction:  YES  NO

Date: \_\_\_\_\_ Signature of Agent or Broker: \_\_\_\_\_



# Prudential

## IMPORTANT NOTICE ABOUT YOUR APPLICATION FOR INSURANCE

The Prudential Insurance Company of America  
Pruco Life Insurance Company of New Jersey

The words “you” and “your” refer to the primary proposed insured and policyowner or applicant, if other than the primary proposed insured.

This notice tells you about the information practices we will employ in evaluating your application for insurance.

### UNDERWRITING INFORMATION AND PRACTICES

We review information about you to decide if you’re eligible for coverage. Your application is the primary source of this information. We may also obtain information about you from the following other sources: any required medical examination; the MIB, LLC; and doctors, hospitals, health care providers, pharmacy benefit managers, consumer reporting agencies, publicly accessible sources, or any other organizations or persons who have information about you or your mental or physical health. In addition, we may request that an investigative consumer report be prepared in which information about your character, general reputation, personal characteristics, and mode of living is obtained through interviews with your neighbors, friends, associates, acquaintances, or others who may have knowledge concerning such items of information. You may ask to be interviewed in connection with the preparation of the investigative consumer report.

Your eligibility for coverage will depend on the information we collect, the application process we use to collect that information, and our underwriting risk assessment. Eligible proposed insureds who submit information through our telephone interview process may qualify for an accelerated underwriting program. This program is available for select products and could result in coverage being issued without a medical exam, which would otherwise be required. We strive for consistent results in our underwriting decisions regardless of the application process used. However, differences can occur, which could affect your premium. For example, if the insurance exam provides information not otherwise available, your policy costs could be higher than they would have been if underwritten through our accelerated underwriting program. It’s important to review any questions you have about our underwriting process with your financial professional.

### DISCLOSING INFORMATION

We will treat any information we obtain or have obtained about you as confidential. We may disclose information we have collected as follows: to affiliates or third parties that perform services for us, or on our behalf, or that are providing service to you; to your doctor; to insurance regulators; to law enforcement or other governmental authorities under limited circumstances; for actuarial or research studies; or as otherwise permitted or required, with or without your authorization, by applicable law. Prudential or its reinsurers may make a brief report to the MIB, a not for profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file. Information about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the MIB’s file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. MIB’s contact information can be found on their website at [www.mib.com](http://www.mib.com).

Prudential, or its reinsurers, may also release information in its file to other life insurance companies to which you may apply for life or health insurance or to which a claim for benefits may be submitted. A consumer reporting agency that prepares a consumer report may keep the information it has gathered and disclose it to others.

We may share your personal information with affiliates so that Prudential companies can market their products and services to you, unless you opt out of such sharing. Unless you agree otherwise, we do not disclose your information to other companies for them to market their products and services to you.

### YOUR RIGHT TO INFORMATION

If we do not issue the contract you requested, we will tell you and explain the reasons for our decision in writing. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any investigative consumer report we request. You also have the right to request a written summary of your rights as a consumer from the consumer reporting agency that prepared the report. If you request one, a copy of any consumer report we obtained about you will be provided to you. Upon your request to the address below, we will provide you with our notice of information practices, which is a more detailed description of our information practices and your rights. You have the right to make a written request to us at the address below for access to personal information we have about you or to request that we correct, amend, or delete any information we have on record about you.

Prudential Ins. Co. of America  
1600 Malone St, Suite: DTY  
Millville, NJ 08332



Please complete all the sections required for the policy type to ensure that we can process the application as quickly as possible.

### SECTION A

The policyowner is defined as “the owner or prospective purchaser of a policy.”

1. Please select the appropriate box next to the policyowner type whose information is being provided.
2. For trust-owned policies, the trustee’s information should be provided; however, if the trustee is an entity or an individual without interest in the benefits of the trust, the grantor’s or insured’s information may be provided.  
An entity is defined as a Corporation, Creditor, Estate, Institution, LLC (Limited Liability Company), LLLP (Limited Liability Limited Partnership), LLP (Limited Liability Partnership), LP (Limited Partnership), Partnership, Sole Proprietorship.
3. Provide the name of the proposed insured(s).

### SECTIONS B-I

- Please complete these sections using the information for the policyowner, as indicated/defined in question 2 of section A.
- Answer all questions in each required section, as determined by the product type being applied for.
- Blank responses will not be accepted. If none, please indicate “0” or check the appropriate “None” box.
- Do not use decimals. Whole numbers only will be accepted in the numeric fields.

### SECTION J

- Must be completed by the producer for ALL product and ownership types.
- Select only the box next to the product that is being applied for.
- Please provide a complete and detailed written response for the reason for your recommendation. Include the intended use of the policy and riders. We cannot accept “None,” “N/A,” and blank responses.

### SECTION K

- Must be completed for all product types with all applicable signature(s) and date(s).
- For multiple policyowners, the person whose information was provided on this form should sign.



- The Prudential Insurance Company of America
  - Pruco Life Insurance Company of New Jersey
- Both are Prudential companies*

POLICY NUMBER (IF KNOWN): \_\_\_\_\_

### DISCLOSURE

This form, and the information contained within, is not intended as investment advice and is not a recommendation about managing or investing your retirement savings. Prudential Annuities, Prudential Individual Life, and the Prudential entity(ies) set forth on this form, are not acting as your fiduciary as defined by any applicable laws and regulations. Please consult with your financial professional about managing or investing your retirement savings.

### INSTRUCTIONS

TERM PRODUCTS: Complete sections A-C and sections J-K.  
 NON-TERM, NON-VARIABLE PRODUCTS: Complete sections A-H and sections J-K.  
 VARIABLE PRODUCTS: Complete ALL sections.

### A. POLICYOWNER'S AND PRIMARY PROPOSED INSURED'S NAME INFORMATION – Complete for all product types.

1. Type of policyowner:  **Individual**  
 **Trust** – If trust-owned:  
 Indicate whose information is provided on this form\*:  
*\*Subject to instructions provided on trust owned policies.*
- Trustee(s)
  - Grantor(s)
- Entity** – If entity owned, please indicate whose information is provided on this form:  Officer  Entity  
*\*Business, Corporation, Partnership*
2. Name of policyowner: \_\_\_\_\_
3. Name of primary insured(s): \_\_\_\_\_

### B. POLICYOWNER'S FINANCIAL OBJECTIVE – Complete for all product types.

**Information for policyowner as noted in section A.** Select up to two objectives. Indicate policyowner's primary financial objective below by checking the appropriate box in the Primary Financial Objective column. Generally, the financial objective for term insurance is protection/income replacement; however, for permanent coverage, other financial objectives could apply.

**Primary Financial Objective** (Required – select only one.)      **Secondary Financial Objective** (Optional – select only one.)

- |  |  |
|--|--|
| <input type="checkbox"/> Protection/Income Replacement | <input type="checkbox"/> Protection/Income Replacement |
| <input type="checkbox"/> Income                        | <input type="checkbox"/> Income                        |
| <input type="checkbox"/> Growth                        | <input type="checkbox"/> Growth                        |
| <input type="checkbox"/> Diversified                   | <input type="checkbox"/> Diversified                   |

1. **Protection/Income Replacement** – Seeks to preserve the value of the financial objective, including protection for beneficiaries against the loss of the insured's income, through all market conditions. Generally, the financial objective for term insurance is Protection/Income Replacement, although this can also apply to permanent coverage.
2. **Income** – Seeks to earn income through holdings of bonds and income yielding securities.
3. **Growth** – Seeks to achieve growth of capital through an investment in securities.
4. **Diversified** – Financial objective option(s) selected conform with the recommendation of the company-approved Asset Allocation Model or 100% is allocated to the Conservative Balanced or Flexible Managed portfolio.

### C. POLICYOWNER'S INCOME/EXPENSES/DURATION OF LIABILITIES – Complete for all product types.

**Information for policyowner as noted in section A.**

1. What are the policyowner's monthly household expenses (e.g., food, medical expenses, rent/mortgage, revolving debt, property taxes, transportation, utilities, entertainment, and other recurring living expenses)? \$ \_\_\_\_\_

Household Income (1) \$ \_\_\_\_\_ Annual Income (2) \$ \_\_\_\_\_

- (1) **Household Income** – The policyowner's household income (earned and unearned), including all salary, pension, investment returns, etc., that are sources of income.  
 (2) **Annual Income** – Policyowner's total annual income (earned and unearned), including salary, pension, investment returns, etc.

#### Duration of Liabilities – Please select at least one option below.

Please provide the amount of debt the policyowner is required to repay below for the indicated time periods. Debt includes mortgages, credit cards, loans, etc. For example, if the policyowner is in year 1 of a 20-year mortgage, the current balance should be noted on the "more than 10 years" line.

- None    Less than 5 years: \$ \_\_\_\_\_    Between 5 and 10 years: \$ \_\_\_\_\_    More than 10 years: \$ \_\_\_\_\_



**D. POLICYOWNER'S HOUSEHOLD INCOME/WORTH/LIQUIDITY NEEDS** – Complete for non-term product types only.

**Information for policyowner as noted in section A.**

1. What is the policyowner's:  
 Existing Assets (3) \$ \_\_\_\_\_ Net Worth (4) \$ \_\_\_\_\_ Liquid Net Worth (5) \$ \_\_\_\_\_
- (3) **Existing Assets** – For the policyowner (individual) it would be the total value of all possessions, such as stocks, bonds, bank accounts, mutual funds, life insurance cash value, real estate, and other investments. This includes existing deferred variable annuities.
- (4) **Net Worth** – The value of the policyowner's assets minus liabilities. For an individual, it would be the total value of existing assets, such as stocks, bonds, bank accounts, mutual funds, cash value of life insurance, annuities, real estate, and other investments minus all outstanding liabilities such as a mortgage, loans, taxes, and credit card balances.
- (5) **Liquid Net Worth** – That part of the policyowner's net worth held in cash or easily convertible to cash, such as money market fund shares, bank deposits, or marketable securities.

**Liquidity Needs – Both questions must be completed in their entirety.**

1. After purchasing this policy will the policyowner have sufficient income and liquid assets to meet monthly living expenses (i.e. food, medical expenses, rent, revolving debt, taxes, transportation, and utilities) in a financial emergency?  Yes  No
2. Does the policyowner anticipate negative material changes to any of the following? (Select a response for each item below. Provide an explanation for each "Yes" response):
- |                               |                              |                             |       |
|-------------------------------|------------------------------|-----------------------------|-------|
| Annual Income                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Financial Situation and Needs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Existing Assets               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Liquidity Needs               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Liquid Net Worth              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

**E. POLICYOWNER'S ADDITIONAL PAYMENT INFORMATION** – Complete for non-term product types only.

**Information for policyowner as noted in section A.**

Policyowner's total first year payments planned in addition to scheduled/target premiums: \$ \_\_\_\_\_

**F. POLICYOWNER'S INVESTMENT EXPERIENCE** – Complete for non-term product types only.

**Information for policyowner as noted in section A.**

Indicate the number of years of experience the policyowner has in any of the following that apply.

Equities \_\_\_\_\_ Bonds \_\_\_\_\_ Options \_\_\_\_\_ Futures \_\_\_\_\_ Mutual Funds \_\_\_\_\_ Annuity/Life \_\_\_\_\_  None

**G. POLICYOWNER'S TAX BRACKET** – Complete for non-term product types only.

**Information for policyowner as noted in section A.**

Policyowner's current federal tax bracket:  10%  12%  22%  24%  32%  35%  37%

**H. POLICYOWNER'S RISK TOLERANCE** – Complete for non-term product types only.

**Information for policyowner as noted in section A.**

- Conservative** – Prefer little risk and low volatility in return for accepting potentially lower returns. Minimizing exposure of principal to loss or fluctuation is very important.
- Moderately Conservative** – Willing to take some risk to seek enhanced returns. Reduced exposure of principal to loss or fluctuation is important.
- Moderate** – Willing to assume an average amount of market risk and volatility—or loss of principal—to achieve higher returns.
- Moderately Aggressive** – Willing to assume an above-average amount of risk and volatility—or loss of principal—to take advantage of potentially higher return opportunities.
- Aggressive** – Willing to sustain substantial volatility—or loss of principal—and assume a high level of risk in pursuing higher returns.

**I. POLICYOWNER'S VARIABLE PRODUCT ATTESTATIONS** – A response is required for each question – variable product types only.

**Information for policyowner as noted in section A.**

If I applied for variable life insurance, I acknowledge the following:

1. This application is submitted for the purchase of life insurance.  Yes  No
2. Premiums are payable on this policy for the duration of the policy, but that the policy offers the flexibility of paying premiums more or less frequently.  Yes  No
3. The flexibility of premium payments offered by this policy is not a guarantee that the need to make premium payments will stop or abbreviate automatically at some point in the future.  Yes  No
4. I am willing to assume an above-average amount of risk and volatility or loss of principal to take advantage of potentially higher return opportunities.  Yes  No

**I. POLICYOWNER'S VARIABLE PRODUCT ATTESTATIONS (Continued)**

**Information for policyowner as noted in section A.**

5. The policy's cash values and death benefits can be lower if the policyowner pays premiums less frequently, or late, or in smaller amounts.  Yes  No
6. The policyowner is an associate of a broker/dealer.  Yes  No

**Policyowner's Education/Marital Status/Occupation**

7. Education level (Check only highest level of education):  
 Attended primary/high school     High school graduate     Technical or vocational school  
 Attended college     College graduate     Post graduate work
8. Employment status (Check only one):  
 Employed:             Full time     Part time  
 Not employed:     Retired     Student     Unemployed
9. Marital status:     Single     Married     Widowed     Separated     Divorced

**Complete if policyowner is other than the proposed insured.**

10. Occupation \_\_\_\_\_
11. Name of employer \_\_\_\_\_

**J. PRODUCER RECOMMENDATION – Check the box below that corresponds to the product type recommended.**

**For the producer only.** Please provide the reason you are recommending this transaction and list any other information provided by the consumer which, in your reasonable judgment, is relevant to the suitability of the transaction.

| Product type recommended (check applicable box)   | Favorable Characteristics   | Non-Favorable Characteristics   |
|---|---|---|
| <input type="checkbox"/> Term<br>Below please describe the reason for your recommendation.      | <ul style="list-style-type: none"> <li>• Low cost</li> <li>• Product simplicity</li> <li>• Convertibility options</li> <li>• Guaranteed level premium</li> <li>• Availability of policy rider options</li> </ul>  | <ul style="list-style-type: none"> <li>• Limited duration of coverage</li> <li>• No cash value accumulation</li> <li>• Premiums increase after level period</li> </ul>                |
| <input type="checkbox"/> Universal<br>Below please describe the reason for your recommendation. | <ul style="list-style-type: none"> <li>• Flexible premiums</li> <li>• Cost-effective permanent life insurance</li> <li>• Availability of policy rider options</li> <li>• Builds cash value</li> <li>• Adjustable No-Lapse Guarantee period up to lifetime</li> <li>• Variety of death benefit options</li> <li>• If Indexed UL, owner can designate funds to the Index investment option</li> </ul> | <ul style="list-style-type: none"> <li>• Higher cost than term insurance</li> <li>• Product complexity</li> <li>• Surrender charges and sales loads</li> </ul>                        |
| <input type="checkbox"/> Variable<br>Below please describe the reason for your recommendation.  | <ul style="list-style-type: none"> <li>• Flexible premiums</li> <li>• Owner can designate investment funds</li> <li>• Availability of policy rider options</li> <li>• Builds cash value</li> <li>• Adjustable No-Lapse Guarantee period up to lifetime</li> <li>• Potential to build higher cash value</li> <li>• Variety of death benefit options</li> </ul>                                       | <ul style="list-style-type: none"> <li>• Higher cost than term insurance</li> <li>• Product complexity</li> <li>• Surrender charges and sales loads</li> <li>• Market risk</li> </ul> |

**Describe the reason for your recommendation here.** Include the intended use of the policy and riders. We cannot accept "None," "N/A," and blank responses.

---



---



---



**K. POLICYOWNER'S AGREEMENTS/ATTESTATIONS**

**For the policyowner only.** I acknowledge that:

- I believe this contract meets my insurance needs and financial objectives.
- I am willing to accept non-guaranteed elements in the policy, including variability in premium, cash value, death benefit, or fees.
- An illustration of values is available upon request.
- I am in receipt of a current prospectus for the contract, if applicable.
- If I elected the S&P 500® Indexed Account Rider, I have received the prospectus supplement.
- I have reviewed the primary purpose of this insurance transaction with my producer and identified the source of funds I will be using to pay for the premiums on this policy.
- My producer has reviewed with me the information about the type of product I am purchasing, both favorable and non-favorable, as described in the Producer Recommendation section.

Signature of Policyowner X \_\_\_\_\_ Date Signed \_\_\_\_\_

Signature of Producer X \_\_\_\_\_ Date Signed \_\_\_\_\_





# Prudential

## Authorization to Disclose Information to General Agent or Broker

**The Prudential Insurance Company of America  
Pruco Life Insurance Company  
Pruco Life Insurance Company of New Jersey,**

*all are Prudential Financial companies*

Corporate Offices, Newark, New Jersey 07102 – 973-802-6000

I, \_\_\_\_\_,  
(Print name of proposed Insured)

hereby authorize Prudential Insurance Company of America, Pruco Life Insurance Company and/or Pruco Life Insurance Company of New Jersey, their employees, officers, affiliates, (collectively, "Prudential") to release any and all medical and driving information ("Information"), which has been collected by Prudential in connection with my current request for life insurance to the General Agent and Broker submitting that life insurance request. Information includes but is not limited to the results of any motor vehicle records, physical examination or tests, electrocardiogram, chest X-ray and Attending Physician Statements.

It is my understanding that the purpose of this authorization is to facilitate submission of this Information by the General Agent or Broker or their authorized representatives to other insurers to evaluate an application for insurance on my life. I understand that Prudential assumes no liability with respect to any application for insurance to other companies and makes no representation as to the completeness or accuracy of the Information. I also understand that Prudential will only provide disclosures as permitted by law, and, in its sole discretion, may not provide all Information in its possession. It is my responsibility to disclose any and all requested medical information to any insurance carrier to which I apply for insurance coverage.

I further understand that Prudential's privacy policy does not extend to the copy of the Information provided to the General Agent and/or Broker.

This authorization is effective as of the date it is signed and shall continue for six (6) months unless otherwise provided by law. I also understand that I may revoke this authorization by providing written notification to Prudential at Prudential Brokerage, PO Box 7426, Philadelphia, Pennsylvania 19176, which revocation shall be subject to the rights of Prudential to the extent Prudential has acted in reliance on the authorization prior to notice of revocation.

A copy of this authorization shall be as valid as the original.

**I acknowledge that I have received a copy of this authorization from the General Agent or Broker.**

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Date





# Prudential

## Request for Initial Premium (E-PAY) and/or to Establish Monthly Electronic Funds Transfer (EFT)

For Life New Business only

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

Check all that apply:  Initial premium E-Pay  
 Establish monthly EFT

### CLIENT INFORMATION

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

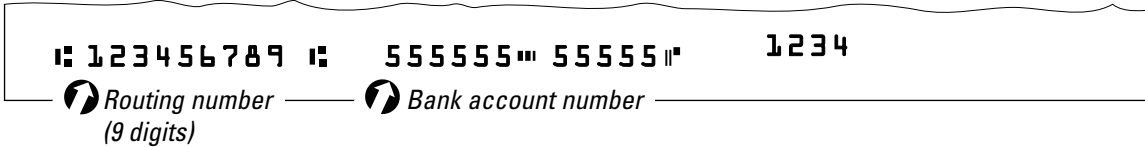
Policy number \_\_\_\_\_

### INSTRUCTIONS

Use this form for Life New Business only to pay initial premium, COD, or additional monies due at policy placement using E-Pay and/or to establish monthly electronic funds transfers (EFT).

Please follow these steps:

- Complete sections 1 and 3 to request that your initial premium at point of sale or any premium or a balance due at placement be paid through E-Pay. Complete sections 2 and 3 to request monthly premium payments by EFT. Complete all sections to request both E-Pay and EFT.
- **If you are requesting initial premium or monthly EFT on more than one new policy, you must submit a separate form for each policy.**
- Print in black ink.
- Initial any corrections or changes that you make.
- Retain a copy of this form for your records.
- Refer to the check diagram below to help determine your bank routing number and bank account number.



On these pages, *I, me, my, you,* and *your* refer to the bank account owner. *Prudential, we,* and *us* refer to the Prudential company that issued the policy.

### 1 INITIAL PREMIUM (E-PAY) INFORMATION

Account owner type:  Individual     Corporate     Trust     Other \_\_\_\_\_

Name of account owner (first, middle initial, last name) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP code \_\_\_\_\_

#### Bank Information

Account type:  Savings     Checking      Withdrawal amount \$ \_\_\_\_\_

Name of financial institution \_\_\_\_\_ Telephone number \_\_\_\_\_

Bank routing number (9 digits) \_\_\_\_\_ Bank account number \_\_\_\_\_

Copies provided to Home Office, Representative, and Applicant

ORD 114416 Ed. 8/2009



## 2 MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION

Monthly withdrawal **date**: \_\_\_\_\_ (between the 1st and 28th of the month) \*

\*The monthly withdrawal date must be on or before the premium due date. If any premium withdrawal date falls on a weekend or bank holiday, the withdrawal will occur on the next business day.

Monthly withdrawal **amount** \$ \_\_\_\_\_ (cannot exceed monthly premium unless the policy has flexible payment arrangements)

Use same bank account information in section 1. **If so, skip to Section 3.** Otherwise complete bank information below.

Account owner type:  Individual  Corporate  Trust  Other \_\_\_\_\_

**Name of account owner** (first, middle initial, last name) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP code \_\_\_\_\_

### Bank Information

Account type:  Savings  Checking

Name of financial institution \_\_\_\_\_ Telephone number \_\_\_\_\_

Bank routing number (9 digits) \_\_\_\_\_ Bank account number \_\_\_\_\_

## 3 AGREEMENT AND SIGNATURE (Complete this section for all transactions.)

As a convenience to me, I authorize Prudential to make the fund transfer(s) from my account listed above. By signing below, I understand and agree that:

### For Initial Premium E-Pay

- If a withdrawal request is not honored by the financial institution, Prudential will not consider the payment to be made.
- For initial premium E-Pay, Prudential will process this withdrawal request immediately and it cannot be revoked.

### For Monthly EFT

- I may cancel the authorization at any time by giving Prudential prior written notification up to three business days preceding the scheduled date of the transfer.
- I have the right to receive notice of all varying transfers. Varying transfers might occur on a date and in a different amount than the one selected, but notification will occur.
- Prudential, in its sole discretion, reserves the right to remove any policy from the electronic funds transfer payment program at any time. The payment frequency on a non-EFT basis may be changed to quarterly or another less frequent mode.
- Prudential cannot establish an electronic funds transfer program if the dividend option is to reduce premiums. In that event, Prudential will withdraw the full amount of the premiums from my account. Unless otherwise elected, any future dividends will be used to provide paid-up additional insurance, if available, or will otherwise accumulate at interest.
- If a withdrawal request is not honored by the financial institution, Prudential will not consider the payment to be made. Prudential may, in its sole discretion, resubmit the withdrawal request for collection.
- I may modify this Agreement by authorizing Prudential to make preauthorized electronic funds transfer or other forms of check withdrawals from any other bank account or financial institution that I so designate verbally, in writing, or through an automated voice response system. Any such verbal request will be confirmed by Prudential in writing.
- If I am changing the bank account that funds are withdrawn from and past premiums are due at the time Prudential receives the completed form, Prudential will draft my bank account for any past premiums due no sooner than two days and no later than eight days after receiving this form. This does not apply to variable universal or universal life policies.

### For Initial Premium E-Pay or Monthly EFT

- I have 60 days from the date of the withdrawal to notify Prudential of any errors related to a transfer under this agreement.
- Except as required by the Electronic Funds Transfer Act and Regulation E, Prudential will not be liable for any exemplary, special, consequential, punitive, indirect or incidental damages, regardless of whether any claim is based on a contract or whether any such damages were foreseeable.

X

\_\_\_\_\_  
Account owner's signature

\_\_\_\_\_  
Date (month/day/year)

Copies provided to **Home Office, Representative, and Applicant**

ORD 114416 Ed. 8/2009

Page 2 of 2

Return this page to Prudential



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

POLICY NUMBER: \_\_\_\_\_

PROPOSED INSURED: \_\_\_\_\_

**State regulation requires the Company to request the following information prior to a policy's delivery to ensure that all benefits or proceeds are distributed to the appropriate persons upon the death of the insured. This information is requested of every policyowner, additional insured, and beneficiary listed on your application for life insurance.**

Provide the following information in the spaces below, as applicable, for each proposed policyowner other than the primary proposed insured and beneficiary listed on your application for insurance: first, middle and last name; complete address with street, city, state and ZIP code; date of birth; Social Security Number (SSN) or Tax Identification Number (TIN); home phone number; cell phone number; and email address. Also, if the application includes a Child Rider, the information is also requested for each proposed child.

Use additional copies of this form for additional beneficiaries, children proposed for coverage, or proposed owners.

**NOTE: THIS IS NOT A FORM TO REQUEST ANY CHANGES TO THE INFORMATION PROVIDED AS PART OF YOUR APPLICATION.**

**A. APPLICABLE TO ALL ENTITIES, INDIVIDUALS AND TRUSTS NAMED AS BENEFICIARIES ON THE APPLICATION**

**Beneficiary(ies):**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ Relationship to proposed insured: \_\_\_\_\_

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ Relationship to proposed insured: \_\_\_\_\_

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ Relationship to proposed insured: \_\_\_\_\_

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ Relationship to proposed insured: \_\_\_\_\_

**B. ONLY PROVIDE THE FOLLOWING DETAILS FOR ANY CHILD(REN) UNDER A CHILD RIDER REQUESTED ON THE APPLICATION**

**Proposed Child(ren):**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**C. COMPLETE ONLY IF THE POLICYOWNER IS TO BE OTHER THAN THE PRIMARY PROPOSED INSURED (NOT REQUIRED IN STATE OF ILLINOIS)**

**Proposed Owner(s):**

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_



The Prudential Insurance Company of America  
Pruco Life Insurance Company of New Jersey  
Pruco Life Insurance Company

All are Prudential Financial companies

POLICY NUMBER (IF KNOWN): \_\_\_\_\_

FIRST PROPOSED INSURED (1ST PI): \_\_\_\_\_

SECOND PROPOSED INSURED (2ND PI): \_\_\_\_\_

## TERMS AND CONDITIONS, ELECTRONIC SIGNATURE, AND ELECTRONIC DELIVERY CONSENT

### THE FOLLOWING TERMS AND CONDITIONS GOVERN ELECTRONIC DOCUMENT DELIVERY FOR LIFE INSURANCE PRODUCTS WITH PRUDENTIAL.

**Your consent is voluntary.** In order to receive and submit life insurance documents electronically, you must first consent to electronic delivery and submission of documents. Read the following terms and conditions and if you wish to consent to electronic delivery and submission, complete the Electronic Policy Delivery Contact Information and Signatures sections below and return the form to your representative. If you do not wish to sign your documents online or receive documents electronically, do not complete or sign this form. Not all life insurance policies are eligible to be delivered electronically.

By completing the Electronic Policy Delivery Contact Information and Signatures sections, I confirm the following statements:

- I consent to applying an electronic signature to all forms signed during the life insurance policy process and to electronic delivery of all records, including any policy issued, along with all disclosures, confirmations, statements and other communications permitted by law to be sent electronically.
- I agree that this consent is effective on the date I affix my signature below.
- I understand that I have the right to withdraw such consent at any time by contacting my representative or Prudential at [www.prudential.com/myaccess](http://www.prudential.com/myaccess).
- I understand that I can opt out of electronic delivery and usage of electronic transmissions and records at any time by contacting my representative or Prudential at [www.prudential.com/myaccess](http://www.prudential.com/myaccess).
- I understand that the policy is not complete until all signatures (including those by me, the representative, and other authorized individuals, if required) are captured and the policy documents are submitted to Prudential.
- I confirm that the contact number provided for the delivery of an authentication code belongs to me.
- I consent to receiving an automated message (voice or text) containing an authentication code via the delivery method selected.
- I understand that I will receive an email with a link that will allow me to access electronically delivered documents. I further understand that I have 90 days to view and electronically sign the documents, unless the company voids the transaction, the insured and/or policyowner declines to sign the documents, or all parties sign the documents. Once voided, declined, or signed the electronically delivered documents will be accessible for 14 days. I have the option to print or save copies of the documents during this period.
- I have the option to receive one free paper copy of any electronically transmitted record, if requested, by contacting my representative or Prudential at [www.prudential.com/myaccess](http://www.prudential.com/myaccess).
- I understand that the proposed insured and the policyowner (if different than the insured) will receive the above-mentioned email link at the email address(es) provided in the Electronic Policy Delivery Contact Information section.
- I understand that in the event my personal contact information changes or if I detect any errors in the information I've provided, I must immediately notify Prudential of the changes/error by contacting my representative or Prudential at [www.prudential.com/myaccess](http://www.prudential.com/myaccess).
- I understand that at the time I attempt to access my documents electronically, I must have access to the authentication code delivery contact number and authentication code delivery method populated below.
- I understand that to access my documents electronically, I must have access to a computer that is capable of supporting internet access and a compatible browser application along with a personal email address. Compatible browsers include current versions of Chrome, Mozilla Firefox, Internet Explorer for Windows, Safari, and Windows Edge. I must also have software that allows me to view PDF files, such as Adobe Reader or a browser plug in.

By signing below, you agree to be legally bound as if you had signed the electronically delivered life insurance policy and other documents with a handwritten signature, and you acknowledge that you have reviewed and agree to the above terms and conditions.

Your electronic signature can only be affixed to a document using your confidential password. Your signature is never stored by Prudential for use on another document.

You may retain a copy of these Terms and Conditions for your records. If you have any questions, please contact your representative.

Prudential's contact information can be found at [www.prudential.com/myaccess](http://www.prudential.com/myaccess).

The email address(es) provided will receive a confirmation email from [ili.lnb.support.edelivery@prudential.com](mailto:ili.lnb.support.edelivery@prudential.com) and/or your financial professional. The life insurance policy and other documents may be delivered electronically when the following requirements have been met:

1. *Consent for Electronic Policy Delivery* (ORD 115309) is fully completed, signed by the insured and policyowner (if different than the insured), and submitted to the Company.
2. The insured and policyowner (if different than the insured) receive and complete the validation email sent to the email address(es) provided to the Company.
3. The signing producer has a valid electronic delivery agreement in place with the Company.



**ELECTRONIC POLICY DELIVERY CONTACT INFORMATION**

The email address(es) provided will only be used for electronic policy delivery. The authentication code delivery contact number and delivery method will only be used to deliver an authentication access code, which is required to access your electronic policy package. The email address(es) and contact information may differ from the information provided on the Application for Life Insurance.

**A. First Proposed Insured Electronic Policy Delivery Preferences**

- 1. Email address: \_\_\_\_\_
- 2. Authentication code delivery method:  Text       Voice Call
- 3. Authentication code delivery contact number: \_\_\_\_\_

**B. Second Proposed Insured Electronic Policy Delivery Preferences**

- 1. Email address: \_\_\_\_\_
- 2. Authentication code delivery method:  Text       Voice Call
- 3. Authentication code delivery contact number: \_\_\_\_\_

**C. Policyowner Electronic Policy Delivery Preferences** (complete if policyowner is different than proposed insured)

- 1. Email address: \_\_\_\_\_
- 2. Authentication code delivery method:  Text       Voice Call
- 3. Authentication code delivery contact number: \_\_\_\_\_

**Definitions:** The term "Company" refers to the company named at the beginning of the Application for Life Insurance.

**SIGNATURES**

Signature of First Proposed Insured (1ST PI): **X** \_\_\_\_\_ (DATE) \_\_\_\_\_

Signature of Second Proposed Insured (2ND PI): **X** \_\_\_\_\_ (DATE) \_\_\_\_\_

Signature of Policyowner **X** \_\_\_\_\_ (DATE) \_\_\_\_\_

(if different than proposed insured)



Corporate Offices, Newark, New Jersey

THANK YOU FOR CHOOSING PRUDENTIAL FOR YOUR INSURANCE NEEDS

- The Prudential Insurance Company of America
  - Pruco Life Insurance Company of New Jersey
- Both are Prudential companies.*

## PART 1 – HEALTH CERTIFICATE

A premium can be collected and insurance can take effect under this Limited Insurance Agreement (the “Agreement”) only if the following statement is true: To the best of my knowledge and belief, I certify and affirm that the proposed insured has not:

- (1) Within the past 90 days been hospitalized or been advised by a member of the medical profession that he or she needs hospitalization for any reason (other than for normal pregnancy or well-baby care).
- (2) Within the past 12 months received treatment or advice from a member of the medical profession for heart disease, chest pain, stroke or cancer (except skin).

## PART 2 – TERMS AND CONDITIONS

The Company agrees to provide limited life insurance coverage under the following terms and conditions:

### A. EFFECTIVE DATE OF COVERAGE

Limited insurance starts on the date all of the following requirements have been met:

1. A payment equal to the full first required premium is received at our Administrative Office within the lifetime of the person proposed for coverage under this Agreement. A payment will be considered to be received only if one of the following valid items is received at our Administrative Office: (i) A check in the amount of the full first required premium; (ii) A completed and signed payment form for the first full premium; or (iii) Any other form of payment acceptable to the Company.
2. The form of payment submitted is honored. If payment is made by credit card or automatic bank draft, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.
3. If survivorship coverage is requested, and one proposed insured dies during the Limited Insurance Agreement coverage period and the insured who died had completed all initial medical exams and tests and was found to be insurable according to the Company’s underwriting rules, a joint and last survivor policy will be offered to the surviving insured if that insured is also found to be insurable according to the Company’s underwriting rules. If one proposed insured dies during the Limited Insurance Agreement coverage period and the one insured who died had not completed all initial medical exams and tests or was found to be uninsurable according to the Company’s underwriting rules, the premium paid would then be refunded and no policy would be issued.
4. All application information (including, but not limited to, all information necessary to complete parts 1 & 2 of the application and any questionnaires and supplements to the application) is provided and received at our Administrative Office and any medical examination and tests required by the Company are completed and received at our Administrative Office.
5. This Agreement has been fully completed, signed and dated by the policyowner, proposed insured (if different than the policyowner) and producer. However, if the proposed insured dies as a direct result of, independent from all other causes, accidental bodily injury within 30 days of the date payment is honored but before any exam and tests are completed, a death benefit will be paid under the terms of this Agreement. We will not pay a benefit under the preceding sentence for death caused or contributed to by: (1) infirmity or disease of mind or body or treatment for it or (2) any infection other than one caused by an accidental cut or wound.

### B. END DATE OF COVERAGE

Limited insurance ends when the first of the following occurs:

1. We issue a policy as applied for and the application has been signed.
2. We deliver a policy other than as applied for. The limited insurance will end on delivery of the policy regardless of whether the policy is accepted.
3. Five days have passed after the date we mailed you a letter notifying you that we have declined to issue you a policy or that we will not provide limited insurance coverage on a prepaid basis.
4. Sixty days have passed since the Effective Date of Coverage under this Agreement, and the limited insurance provided under this Agreement has not ended for any of the reasons listed above.

If the limited insurance ends and is not replaced by a policy, we will refund the amount you paid.

### C. SPECIAL LIMITATIONS

- This Agreement does not provide coverage for any riders or additional supplemental benefits which you have requested from the Company.
- The limited insurance is subject to the terms, limitations and exclusions of the policy you have requested from the Company. We will pay the death benefit under this Agreement to the beneficiary you designated to the Company.
- If benefits are payable under this Agreement, then no benefit relating to that death will be payable under any policy that is subsequently issued.
- No producer, medical examiner, or any other Company representative is authorized to accept risks or determine insurability, or to alter or waive any of the terms or conditions of this Agreement, or to waive any of the Company’s rights or requirements.
- The total amount of insurance requested in all applications on the proposed insured (or if survivorship coverage is requested, both proposed insureds combined) cannot exceed \$5,000,000.
- **There is no coverage under this Limited Insurance Agreement if the Health Certification is materially misrepresented. If death is due to suicide or intentionally self-inflicted injury, payment will be limited to the return of the amount paid.**

**Definitions:** The term “Company” refers to the company named at the beginning of the Application for Life Insurance.

My original signature has been affixed to this Agreement. The original will be retained by the Company and I will receive a copy identical in form and substance.



**PART 2 – TERMS & CONDITIONS (CONTINUED)****D. AMOUNT OF COVERAGE**

If the proposed insured dies, the total death benefit under this Agreement is the amount requested, up to a maximum aggregate amount of death benefit payable under this Agreement and any other Limited Insurance Agreement issued by the Company on the proposed insured of \$1,000,000. The total maximum aggregate amount of death benefit payable under this Agreement and any other Limited Insurance Agreement issued by the Company on any proposed insured cannot exceed \$1,000,000.

**SIGNATURES**

Person proposed for coverage: \_\_\_\_\_

Amount of insurance requested: \$ \_\_\_\_\_ Amount of prepayment: \$ \_\_\_\_\_

**All premium checks must be made payable to the Company – do not make check payable to the producer or leave the payee blank. This agreement is valid only if the form of payment submitted is honored. If payment is made by credit card or automatic bank draft, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.**

**I have read this Limited Insurance Agreement including all information on Page 1. The terms, conditions and limitations of this Agreement have been fully explained to me by the producer, and I understand and agree to them.**

→ Signature of proposed insured:  \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Parent/Guardian when proposed insured age is less than 18)

→ Signature of policyowner(s):  \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(If different from proposed insured [Parent/Guardian when proposed insured age is less than 18])

I have no personal knowledge of any factors which may have a negative effect on the proposed insured's insurability:

→ Signature of producer:  \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# WHAT EVERY CONSUMER SHOULD KNOW ABOUT LIFE INSURANCE

## IMPORTANT POINTS TO CONSIDER BEFORE BUYING A LIFE INSURANCE POLICY

Please note that this brochure discusses various types of life insurance, including variable life insurance. Variable life insurance is considered a security; it is possible to lose money by investing in securities.

Life insurance is issued by Pruco Life Insurance Company (except in NY), and Pruco Life Insurance Company of New Jersey (in NY). All are Prudential Financial companies located in Newark, NJ.

### Investment and Insurance Products:

Not Insured by FDIC, NCUSIF, or Any Federal Government Agency.  
May Lose Value. Not a Deposit of or Guaranteed by Any Bank,  
Credit Union, Bank Affiliate, or Credit Union Affiliate.



## TABLE OF CONTENTS

|  |              |
|--|--------------|
| <b>WHAT IS LIFE INSURANCE?</b> . . . . .   | <b>1</b>     |
| <b>HOW MUCH LIFE INSURANCE SHOULD I OWN?</b> . . . . .   | <b>1</b>     |
| <b>WHY DO I NEED LIFE INSURANCE?</b> . . . . .   | <b>1</b>     |
| The Needs and Concerns Most People Have . . . . .  | 1            |
| <b>TERM OR PERMANENT LIFE INSURANCE—WHICH SHOULD I BUY?</b> . . . . .                                    | <b>2</b>     |
| Term . . . . .   | 2            |
| Permanent . . . . .  | 2            |
| <b>CAN'T I JUST BUY ANOTHER TERM POLICY LATER?</b> . . . . .   | <b>2</b>     |
| <b>WHY SHOULDN'T I JUST "BUY TERM AND INVEST THE DIFFERENCE"?</b> . . . . .                              | <b>2</b>     |
| <b>HOW DO I MAKE SENSE OF ALL THE PERMANENT POLICIES AVAILABLE?</b> . . . . .                            | <b>3</b>     |
| <b>WHEN SHOULD I GET EACH?</b> . . . . .   | <b>4</b>     |
| <b>HOW DOES AN ADJUSTABLE "GUARANTEE AGAINST LAPSE," OR "NO-LAPSE GUARANTEE," WORK?</b> . . . . .        | <b>4</b>     |
| <b>MORE INFORMATION ABOUT CASH VALUE AND PREMIUMS</b> . . . . .  | <b>5</b>     |
| <b>OTHER QUESTIONS YOU MAY HAVE</b> . . . . .  | <b>5</b>     |
| How Much Will Life Insurance Cost? . . . . .   | 5            |
| Do I Need Individual Life Insurance if I Have Group Life Insurance? . . . . .                            | 5            |
| If I Already Own Life Insurance, Should I Purchase Life Insurance on My Spouse? . . . . .                | 6            |
| Should I Purchase Life Insurance on My Child? . . . . .  | 6            |
| What Do I Need to Know About Stranger-Owned Life Insurance (STOLI)? . . . . .                            | 6            |
| When Should I Review My Current Coverage? . . . . .  | 6            |
| What Is Underwriting? . . . . .  | 7            |
| <b>WHAT SHOULD I KNOW BEFORE REPLACING ONE LIFE INSURANCE POLICY WITH ANOTHER?</b> . . . . .             | <b>7 – 8</b> |
| <b>WHO CAN SELL YOUR LIFE INSURANCE POLICIES?</b> . . . . .  | <b>9</b>     |
| How Do They Get Paid if I Buy a Policy? . . . . .  | 9            |
| If I Purchase a Variable Life Insurance Policy, How Can I Research the Financial Professional? . . . . . | 9            |
| <b>FINDING WHAT'S RIGHT FOR YOU</b> . . . . .  | <b>9</b>     |

The Prudential Insurance Company of America and its affiliates (Prudential) are committed to providing information to our customers to help them select the right life insurance policy for their needs. Your financial professional can help you tailor your insurance program to help meet your individual goals based upon your financial status, objectives, and risk tolerance. We encourage you to consider and discuss your general insurance needs, the costs and expenses of life insurance, and the features and benefits of the many products we offer with your financial professional.

### WHAT IS LIFE INSURANCE?

It's often said that life insurance is not for those who die—it's for those who live. And it is. If you die while you have life insurance in place, the people you've chosen (your beneficiaries) will receive a sum of money (the death benefit) from your life insurance policy. They can use this money for anything, but its main purpose is usually to help make up for the loss of your income.

### HOW MUCH LIFE INSURANCE SHOULD I OWN?

There's no single right answer. Some people select a coverage amount that is equal to six to 10 times their annual gross salary; others opt for two times their annual gross salary. Coverage amounts are individual and certainly not "one size fits all." To get a more accurate view, it's best to meet with a financial professional and complete a personal needs analysis.

### WHY DO I NEED LIFE INSURANCE?

Life insurance can help protect your family or business from financial loss if you should die while you have obligations. The death benefit proceeds, which your beneficiary receives generally free of federal income tax (IRC §101(a)), can replace some of the money you would have earned and can help with needs such as these on the right:

#### The needs most people have



##### Daily Living Expenses

Help maintain your family's lifestyle by replacing your current income. The death benefit proceeds can help keep the fridge filled, the lights on, and the car payments made on time.



##### Home

Help protect your family's home by enabling them to pay off the mortgage. This can help them stay where they're comfortable and in a place filled with warm memories.



##### Education

Help safeguard your child's future by keeping the college fund intact, helping to ensure that money for your children's education will be there, even if you're not.



##### Last Expenses

Help provide funds to pay estate taxes and other final expenses, such as funeral costs and outstanding medical bills, to help ensure that financial difficulties won't be among your family's sorrows.



##### Retirement

Help ensure a solid retirement for your spouse or partner if you're not there.

#### If you own a business



##### Business Continuation

Help keep your business in the family according to your intentions by helping your family buy out or maintain your business.

## TERM OR PERMANENT LIFE INSURANCE— WHICH SHOULD I BUY?

For most people, the question should not be about which *one* to choose. Because the two types of life insurance are designed to help meet different types of needs, a combination of the two may be appropriate for many people.

**Term insurance** usually provides the largest amount of insurance protection at the lowest initial cost. For this reason, it's the type most people start out with. Because term policies end at a specific point—the end of the term—they are best for providing protection for large needs with specific end points. For example, the parent of a young child may choose a 20-year term policy to provide protection until the child is over 18 and, perhaps, on their own.

Other typical periods you might choose term insurance to cover include the time:

- ▶ Remaining on your mortgage obligation
- ▶ You plan to continue to work and have others relying on your income
- ▶ Remaining on an outstanding business or other loan

**Permanent insurance** is designed to last as long as you live and typically makes a good supplement to term insurance. You will likely still want insurance after your term coverage ends, either for lifelong or unplanned needs, or for needs with an unpredictable or extended end date. Good reasons to have permanent insurance include helping to take care of:

- ▶ The costs associated with your death (often called “last expenses”), such as funeral or memorial costs, outstanding medical bills, and estate taxes
- ▶ Someone who becomes or may still be dependent on you (either financially or for care, or both), such as children who are not yet independent or who have special needs
- ▶ A once-temporary need that you have extended—for example, a refinanced (and possibly extended) mortgage, a home equity loan, a delayed retirement date (meaning extended income-earning years), or a new business
- ▶ Someone, such as a parent, who has developed a condition and who now requires your care
- ▶ Your grandchildren
- ▶ Your “second” family from a remarriage

## CAN'T I JUST BUY ANOTHER TERM POLICY LATER?

Yes, but for most people, buying a series of term policies throughout their lives as their situation changes is not the best strategy. Life insurance usually gets more and more expensive as you age. So, once you pass a certain age, the cost can become prohibitive. Also, if you develop a health condition that increases the amount you have to pay for life insurance or makes you unable to qualify to buy life insurance (uninsurable), you would risk not having life insurance once the term policy expires. For these reasons, a permanent policy can lock-in your premium and allow you to not have to qualify for insurance in the future.

## WHY SHOULDN'T I JUST “BUY TERM AND INVEST THE DIFFERENCE”?

You may have heard the statement “Buy term and invest the difference.” In this scenario, the difference between the permanent life insurance premium and the traditional term life insurance premium is invested in a mutual fund, annuity, stocks, bonds, or other investment vehicle. The idea is that investing the difference would replace or exceed the cash value accumulation of permanent life insurance.

If you are deciding if this strategy is right for you, you need to consider what best suits your personal objectives and circumstances. For example:

- ▶ You may not have the discipline to actually invest the difference.
- ▶ You need the discipline not only to invest the difference, but also to invest early while the difference between the amount of your term insurance premium and the amount of the premium for your permanent insurance is the greatest. You need to make up early for the dramatic increase in the cost of term insurance at later ages.
- ▶ If you need to renew or reapply for your term policy, the cost may become prohibitive as you get older or if you develop health problems.
- ▶ If health problems occur, you could become uninsurable and not even be able to purchase term insurance when it comes time to renew.
- ▶ The investment you choose may not perform as hoped for. (This can also happen with variable life insurance.)

Carefully weigh knowledge about your habits and self-discipline along with the benefits, risks, product features, and any current or future charges associated with any insurance and/or investment product before making a decision about how to address your particular needs.

## HOW DO I MAKE SENSE OF ALL THE PERMANENT POLICIES AVAILABLE?

It's true—there are many types of permanent insurance policies. They all can provide life insurance protection for your lifetime and typically have some ability to build cash value. This is why they are often called “cash value life insurance.” How they build this cash value and how great their potential is for the amount they can build are key differences among them. Plus, some permanent policies allow two people to be covered under one policy—these are called *survivorship* or *second-to-die* policies. (Please see our section on “More Information About Cash Value and Premiums” to learn more about using a policy's cash value.)

### Here is a snapshot of the types of permanent, or cash value, policies:

#### ► Whole Life

This is the tried-and-true permanent life insurance that most people think of when they hear “permanent insurance.”

If you pay your premiums on time, your coverage will stay in force, and your policy will build cash value.

This is a great type of policy if your goal is to buy it and tuck it away in a drawer until it's needed by your beneficiary. This type also generally has the highest premiums.

#### ► Universal Life (UL)

This type of policy can be a good match if you would like to earn interest within the policy while getting more flexibility than a traditional whole life policy allows.

You can choose your premium payment schedule and you may have the potential to earn more cash value.

Most UL policies earn a minimum interest rate, giving you some security about the earnings. You can usually borrow or take withdrawals from the cash value that accumulates in your policy.

#### **One type of Universal Life policy is Indexed Universal Life, or IUL.**

Unlike other universal life products, which credit interest based on rates declared in advance by the insurance company, IUL can credit interest based on the performance of independent financial indices. The most popular indices used for IUL are stock indices calculated without dividends. It is important to understand that the money in an IUL policy is not directly invested in any of the indices.

Policyowners may decide how much of the policy cash value is allocated to the index feature and how much is allocated to a fixed-interest option. Cash value allocated to the index is usually credited with interest based on the change in the index value from one year to the next (“Annual Point to Point”). Each index option includes a maximum (“cap”) and minimum (“floor”) rate that protect consumers from loss but limit upside growth. Generally, these factors are subject to change by the insurance company, though they will never be reduced below a contractual minimum.

#### ► Variable Universal Life (VUL)

This type of policy gives you the flexibility of a universal life policy but adds an investment element.

With a VUL policy, you are in charge of how the part of your premium payments not needed for your actual costs and charges (net premiums) are invested. You have a choice of investment options (also called sub-accounts), and you can decide how much of your net premiums should be allocated to each of the options you select. The subaccounts can invest in stocks, bonds, and other funds.

Some carriers allow the addition of index strategies which are tied to the performance of financial indices that can provide levels of downside protection with the use of floors or buffers.

Since the cash value of your policy may be tied to the financial market, this type of policy has the potential for returns higher than a universal life policy's, but it can also lose value if the investment results are poor.

This is a good policy for people who like the investment element, can fund the policy properly, and have some time (typically years) to allow it to potentially build cash value.

## Snapshot (cont.)

### ► Survivorship, or Second-to-Die

This is one policy designed to cover two people. It pays the death benefit once both of the insured people have died and is often less expensive than two separate policies.

It is often used in estate conservation strategies, especially in conjunction with an Irrevocable Life Insurance Trust (ILIT), as a way to offset estate taxes; this can help preserve a wealthy couple's estate so it can be passed on to the next generation or to a charitable organization. Survivorship policies are often recommended if one person would otherwise not be able to qualify for life insurance.

Whole, universal, and variable universal life policies come in survivorship versions.

## WHEN SHOULD I GET EACH?

This question can best be answered by your age, life-stage, and budget. Since the cost of insurance increases as you get older and/or develop health issues, it's usually wise to buy any life insurance while you're younger and in good health. Generally speaking, term is likely to be the first type of life insurance people buy when they're first starting out—when they get married, buy a house, are earning an income, and have children. Especially if you have budget concerns and a lot to protect, term can often be the more economical short-range choice. And it's a good way to get some insurance protection in place now!

As you move through life, earning more and having more responsibilities and more dependents—children, a partner, or parents who rely on your income—you might need permanent insurance. Different types of term policies become available every few years and now even include one that refunds your premiums if you live beyond a certain timeframe. This particular type of policy, a *return of premium term* policy, can be helpful for specific needs because your premiums may be returned just when you need to pay for a child's wedding or other event, or when you'd like extra money to start off your retirement. Keep in mind that this is still term insurance and it will end. Also remember that conditions and restrictions generally apply.

Then, to help ensure you have life insurance protection for your lifetime, and depending on your preferences and budget, you can choose from several types of permanent insurance.

## HOW DOES AN ADJUSTABLE “GUARANTEE AGAINST LAPSE,” OR “NO-LAPSE GUARANTEE,” WORK?

A guarantee against lapse ensures that your death benefit is secure regardless of changes in the policy's interest-crediting rates or rate of return, charges, or cash value. You can control how long this guarantee is in effect, whether it's for a few years or a lifetime. When you purchase a policy with this feature, you'll be told the minimum premium amount you need to pay to keep this guarantee in effect. Generally, the greater your premium payments, the longer the guarantee will last. **All guarantees are based on the issuing company's ability to pay claims and do not apply to any underlying investment options.** The length of the guarantee period may also change depending on:

- The dollar amount of the premiums you pay
- How timely your premium payments are received
- When and how often you pay premiums
- Whether you take any policy loans or withdrawals

Changing any of these factors could reduce the length of the guarantee or even end it. If this happens and the policy values are not high enough to support the policy, the policy could lapse. If the policy lapses within the first few years, you may have to pay surrender charges. If you've taken loans or withdrawals, taxes may also be due, depending on how much you borrowed or withdrew. If the policy lapses and is reinstated, it may be reinstated without the guarantee against lapse being in force.

If you pay only the amount needed to secure a guarantee that is less than a lifetime guarantee, you may need to pay additional premiums once the guarantee period ends to keep the policy in effect. Also, by paying only the premium required for the No-Lapse Guarantee, you may be forgoing the potential to build tax-deferred cash value.

## MORE INFORMATION ABOUT CASH VALUE AND PREMIUMS

We've said permanent policies can build cash value. You can usually access this cash value by taking withdrawals or policy loans. Being able to tap into this money can be part of your strategy and among the reasons for buying a particular policy. Or, having this money available can help you out of an unexpected bind. Either way, taking the money out can be quite helpful; at the same time, it will have some effect on the rest of your policy and might even have tax consequences. If you have a guarantee on your policy, it could also affect that guarantee.

The cash value your policy builds will not be taxed until you take it out of the policy. Loans are generally not taxable when you take them. However, if you cancel the policy or let it lapse, any loan that you have not yet paid back could be taxable if the outstanding balance is more than what you have paid into the policy (also referred to as your *cost basis*). Withdrawals generally are first a return of cost basis, with subsequent amounts being taxable to you. If you do take some money out, you will thereby reduce the cash value and possibly also the death benefit that will be paid to your beneficiary. It might also become necessary for you to pay more into the policy than you originally expected to and could trigger taxes.

While taking a loan or withdrawal may be helpful, before you do so it is important to consider the potential tax consequences and impact on the other valuable policy benefits. It is a good idea to speak with your tax advisor.

Note that if your cash contribution exceeds certain limits and your contract becomes a Modified Endowment Contract (MEC), as determined by the IRS, different tax rules and, in some cases, penalties apply to distributions such as loans and withdrawals (including distributions made in the two years before the policy becomes a MEC).

A MEC can result from paying more than a certain amount in premium payments or from reducing coverage.

## OTHER QUESTIONS YOU MAY HAVE

### How Much Will Life Insurance Cost?

The right life insurance policy is one that provides the coverage you need at a price you can afford. With a variety of policies to choose from, you can find one or a combination of policies to help meet your protection needs and fit your budget. A financial professional will be glad to review your options. If you'd like a quote, go to [www.prudential.com](http://www.prudential.com) and click on "Get a Life Insurance Quote."

Depending on the policy and the company issuing your policy, you could have premium payment options. For policies that are not flexible-premium policies, selecting a payment option other than *annual* typically results in a higher yearly premium amount, thus adding to your costs. This is because the company has to cover the added administrative cost of collecting additional premium payments and does not have the use of the entire premium amount at the beginning of the policy year.

If your policy has **flexible premium payments**, there are no scheduled premium due dates. To manage this, you can ask to be billed annually, semiannually, or quarterly for the amount you select. When you receive a premium notice, you are not required to pay this amount, but you'll want to be sure you can "afford" to skip payments—meaning, you'll want to be sure your policy has enough value within it to stay in force.

Reminder, skipping premiums may affect your No-Lapse Guarantee, if applicable".

## Do I Need Individual Life Insurance if I Have Group Life Insurance?

Probably. Participating in your group life insurance is a good idea because you may be able to receive life insurance at a lower, group rate. If your group coverage is convertible—meaning, when you leave the company you can convert it to an individual policy without evidence of insurability—the individual policy you convert to will generally have relatively high premium costs compared with other policies. If your group coverage ends, you could apply for a new policy, especially if you are healthy. Otherwise, you may not qualify or may have to pay higher premiums depending on your age and health status. Group life insurance may also not provide an adequate amount of death benefit to meet all of your needs.

Consider supplementing your group policy with individual life insurance coverage. An individual life insurance policy is one that you own—it is not tied to your employer and you won't have to worry about your premiums rising every year. With an individual life insurance policy, you won't need to wonder whether you still qualify every year, or if you will lose your life insurance if you change jobs or get laid off. It's insurance coverage that stays with you. To get an accurate estimate for your situation, it's best to meet with a financial professional and complete a personal needs analysis.



### **If I Already Own Life Insurance, Should I Purchase Life Insurance on My Spouse?**

If your spouse contributes to the family's annual income, consider purchasing adequate life insurance protection to help replace their income in the event of their death. If your spouse does not earn an income, life insurance can still play an important role in helping to pay for valuable services they provide— for example, providing child care, elder care, maintaining the home, and running the household. To find out more, meet with a financial professional, who can complete a personal needs analysis with you.

### **Should I Purchase Life Insurance on My Child?**

There are two reasons you may want to consider purchasing life insurance for your child:

- ▶ You can generally purchase life insurance at the lowest possible premium. If your child were to purchase the same amount of coverage when they become an adult, the annual cost would generally be much higher
- ▶ You can help ensure that they have life insurance protection for life. If the child develops health problems as an adult, they could become uninsurable and may not be able to obtain life insurance coverage. In some families, a grandparent purchases a life insurance policy for the child. Note that some states limit the amount of life insurance that can be purchased on minors

### **What Do I Need to Know About Stranger-Owned Life Insurance (STOLI)?**

People purchase life insurance to provide financial protection for loved ones and business associates. This is an example of “insurable interest” because the beneficiaries will experience some financial hardship when the insured person dies. Life insurance helps to ease that burden.

Most states prohibit a person from purchasing a life insurance policy when there is no “insurable interest” in the person insured by the policy. Such a purchase would be a wager, where one is betting on the early death of another to make a profit. This notion is contrary to American public policy in that one person should not benefit from the early death of another person.

STOLI is the purchase of a life insurance policy for the financial gain of a third-party investor who, at the time the policy originates, has no insurable interest in the person being insured.

In other words, a stranger would own an interest in the insured person's life. STOLI includes cases in which there is an agreement, verbal or written, to transfer the ownership of the policy and/or the policy benefits to a third party at some time in the future. Trusts created to give the appearance of insurable interest also violate the prohibition against wagering on life.

Prudential will not issue a policy if it determines that STOLI may be involved.

Entering into a STOLI arrangement could have the following impacts:

- ▶ The ability to purchase additional insurance on the insured's life could be limited because there is a limit to how much coverage insurance companies will issue on one person's life
- ▶ If there is a need to obtain additional insurance coverage on the insured person, their higher issue age, a change in health status, or other factors may reduce the ability to get coverage and may result in significantly higher premiums
- ▶ Because these situations may result in tax consequences to the policyowner, a professional tax advisor should be consulted

### **When Should I Review My Current Coverage?**

Your situation now may be significantly different from what it was when you bought your life insurance policy. If something were to happen to you today, would your family have enough coverage? Generally, we recommend you meet with your financial professional once a year; however, you should review your coverage as soon as possible, if you have done any of the following since you bought your policy:

- ▶ Purchased a home
- ▶ Had a child
- ▶ Married, divorced, or become widowed
- ▶ Changed jobs
- ▶ Started your own business
- ▶ Began caring for an elderly relative
- ▶ Taken out a large loan
- ▶ Started a retirement or college fund

## What Is Underwriting?

Underwriting, a term used frequently in the insurance industry, is an evaluation of your current health, medical history, family medical history, and lifestyle. To purchase life insurance, you may have to take a medical exam to assess your health.

Companies use underwriting to establish your eligibility for life insurance as well as make sure that you get the best possible premium price based on your health and lifestyle. All the information gathered during the application process is considered confidential and is shared only with those who need it to determine your eligibility for life insurance.

During underwriting, you'll be asked questions about such things as:

- ▶ Your finances, including how you will pay for the policy and if you're replacing another policy
- ▶ Your driving record
- ▶ The hobbies or sports you engage in
- ▶ Your family's medical history
- ▶ Your medical history, including the names and contact information for doctors you have been to

## WHAT SHOULD I KNOW BEFORE REPLACING ONE LIFE INSURANCE POLICY WITH ANOTHER?

It is generally not in your best interest to replace a life insurance policy. Check with the agent or company that issued you the one you have now. When you bought your existing policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or the issuing company for an updated illustration. Check to see how the policy has performed and what you might expect in the future. Then, if you are still considering replacing an existing life insurance policy with a new one, it is important that you understand what you will gain and what you will lose by doing so. Price should not be the only factor in your decision. You should understand that:

- ▶ **It may be costly to replace a policy.** Much of what you paid in the early years of the policy was used to cover the company's cost of selling and issuing the policy. If you buy a new policy, you will pay this type of cost again
- ▶ **Dropping your policy could have tax consequences.** Ask your tax advisor if this is true of your situation

- ▶ **You might lose policy benefits.** You may have valuable rights and benefits in the policy you now have that are not in the new one. If the policy you have now no longer meets your needs, you may not have to replace it; instead, you might be able to change your policy or add to it to get the coverage or benefits you now want
- ▶ **You might create a coverage gap.** At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now

**Points to compare.** If you'd still like to pursue replacing a policy, then you'll need to compare your existing policy with the proposed new one. Before replacing any policy, be sure to compare these points:

- ▶ **Your insurability.** It's possible that you have had a change in health since the purchase of your current policy. This can change the underwriting category you fit into or even make you ineligible for coverage. *You should not cancel your existing policy until the new policy has been issued and is considered "in force"*
- ▶ **Face amounts.** If the new policy's death benefit will be lower, you should carefully consider whether it is adequate to meet your life insurance needs. It may be cheaper to reduce the face amount on your current policy if you need less coverage
- ▶ **Premiums.** Carefully consider the many aspects of premium payments, including amount, frequency, duration, and guarantees, and note how they differ between policies:
  - **Amounts.** Since you are older than you were when you applied for your existing policy, and it's possible that your health has changed, the premiums will likely be higher. Know what your new premium payments will be and whether you can afford any increase. If the premiums for your existing policy are being paid for under a waiver of premium benefit provision, it is probably to your advantage to keep your existing policy
  - **Frequency and duration.** How often and for how long will you have to pay premiums? Carefully compare the premiums you pay under your existing policy and what is permitted under the new policy, and consider whether you will have the flexibility you need to maintain appropriate premium payments
  - **Guarantees.** Some premiums are guaranteed for the life of the policy; some are guaranteed for only a limited period of time and, once the guarantee ends, the premiums may increase

- ▶ **Protection guarantees.** Does your existing policy guarantee the length of time the policy will remain in force even if investment options or other influencing factors do not perform as anticipated? Does the proposed policy offer this same type of guarantee? If so, find out whether it applies for the same length of time as that on your existing policy and how much the premium is for this guarantee. Confirm that the premium you're quoted includes the guarantee you want, if you want one
- ▶ **Supplemental benefits and other features.** Do the policies allow for the addition of supplemental benefits (such as a living benefit or waiver of premium)? These benefits may not be available on the new policy, and this valuable coverage may be lost if you replace your policy. You should carefully consider the availability and cost of these benefits on the new policy. You should also determine if there are any other features of your existing policy that are not available in the proposed new policy
- ▶ **Charges.** What new or additional costs will you incur, and how do the contract charges and other policy expenses compare? Be sure you know how such charges will be paid on the new policy—for example, whether they will be taken out of your premium payments or deducted from your policy values—and how this compares with your existing policy
- ▶ **Exclusion periods.** A new policy will be subject to a new two-year contestability period and suicide clause. This means the company could challenge a death claim within two years of a new life insurance policy being issued
- ▶ **The company and representative.** Before making your decision, consider the company and the representative who will be providing service. What is the company's reputation? Make sure you're comfortable with how the representative answers your questions and responds to your concerns
- ▶ **Other points.** You should consult with your tax and legal advisors to understand what, if any, consequences there may be now or in the future for replacing your existing policy and purchasing the proposed new one

**Additional considerations.** Based on the specific type of policy you have and the policy you are considering, there are additional points to consider. Used in conjunction with the list above, these additional considerations can help you to more fully explore what is best for your situation

***If you're converting a term policy to a permanent one.***

Because term and permanent policies are so different, it is important that you carefully consider whether you understand the permanent policy and how it works—how it builds cash value, what the premium payments will be, and how closely you need to monitor it, for example. Also consider:

- ▶ **Conversion options and credits.** If you have a term policy, does it allow for converting it to a permanent life insurance policy without a medical exam? Some policies offer a conversion premium credit if you exercise the option to convert. It reduces your first year's premium on the permanent policy, thereby helping you to make the transition from term to permanent insurance. The conversion privilege is often limited to a period of time that is shorter than the term of the policy and may limit the amount of coverage that can be converted. If you are eligible for a conversion credit, be sure to ask what the premium for the new policy will be in the second policy year and beyond
- ▶ **Exclusion periods.** The two-year contestability and suicide periods generally begin anew when a new life insurance policy is purchased. However, when you convert a term policy to a permanent policy, the guaranteed amount of coverage that is converted will not be contestable to any greater extent than it would have been contestable had the conversion not taken place. Any excess amount of coverage provided in the new policy, beyond the guaranteed amount converted, will be subject to a new two-year contestability and suicide period

***If you're considering using the values of one policy to purchase another:***

"Financing" is the name for the transaction of obtaining funds from an existing policy through a withdrawal, partial surrender, or loan and using them to purchase a new policy. Know that taking a loan or withdrawal may reduce the death benefit on your existing policy and may have tax consequences, and that loans should be repaid. Using existing policy values to pay premiums over the long term is often dependent on factors that you should not rely on: non-guaranteed investment returns (variable life); interest-crediting rates (universal life); or non-guaranteed dividends (traditional whole life). You may have to make additional out-of-pocket payments.

## WHO CAN SELL YOUR LIFE INSURANCE POLICIES?

The financial professionals who sell our life insurance products are either Prudential employees or independent contractors or associated with unaffiliated firms with whom Prudential has a selling relationship.

### How Do They Get Paid if I Buy a Policy?

If you purchase a life insurance policy, the financial professional and/or firm will be compensated by Prudential. This compensation will include commissions and, to the extent permitted by law, regulations, Financial Industry Regulatory Authority (FINRA) rules, and, as applicable, the financial professional's firm, it may also include expense reimbursement allowance, bonuses, marketing support payments, employee benefits, participation in Prudential-sponsored conferences and awards, training programs, and marketing opportunities or incentives. These arrangements may not be offered to all firms and the terms of the arrangements may differ. Firms and agents may receive greater compensation for selling a policy that is eligible for these compensation arrangements than for selling a different policy that is not. The amount of commission is based on premiums, and other types of compensation may also be based on the sales volume of the financial professional or the firm.

### If I Purchase a Variable Life Insurance Policy, How Can I Research the Financial Professional?

If the financial professional is a Prudential employee, they are a registered representative of Pruco Securities, LLC, which is a broker-dealer and a member of FINRA. If the financial professional is an independent contractor not employed with Prudential, they may be a registered representative of another broker-dealer not affiliated with Prudential or Pruco that is also a FINRA member. You may obtain information about the professional background of FINRA members and their representatives by calling the FINRA BrokerCheck Hotline number, (800) 289-9999, or by visiting the FINRA website at [www.finra.org](http://www.finra.org). An investor brochure that contains information describing the FINRA BrokerCheck is also available to you by calling FINRA's hotline or visiting its website.

## FINDING WHAT'S RIGHT FOR YOU

Everyone has their own goals for personal financial security. You can personalize your policy to help meet your needs by adding riders that provide you with additional insurance coverage. You may choose to help meet your goals by purchasing a permanent life insurance policy and supplementing it with term insurance for additional coverage during a particular period of time.

A financial professional can work with you to help you decide which of our products best meets your needs.

### ABOUT PRUDENTIAL FINANCIAL

**Since 1875, Prudential Financial has been helping people of all ages realize their goals for financial security. Prudential Financial serves millions of individual and institutional customers worldwide, offering them life insurance and other financial products and services for a variety of needs. Our financial professionals are interested in you and your needs. They want to assist you in developing strategies that effectively address your financial security concerns.**

This material is being provided for informational or educational purposes only and does not take into account the investment objectives or financial situation of any client or prospective clients. The information is not intended as investment advice and is not a recommendation about managing or investing your retirement savings. If you would like information about your particular investment needs, please contact a financial professional.

All guarantees and benefits of the insurance policy are backed by the claims-paying ability of the issuing insurance company. Policy guarantees and benefits are not backed by the broker-dealer and/or insurance agency selling the policy, nor by any of their affiliates, and none of them makes any representations or guarantees regarding the claims-paying ability of the issuing insurance company.

Life insurance policies contain exclusions, limitations, reductions of benefits, and terms for keeping them in force. A financial professional can provide you with costs and complete details.

Neither Prudential Financial nor its financial professionals render tax or legal advice. Please consult your attorney, accountant, or tax advisor regarding your particular situation. Life insurance is issued by The Prudential Insurance Company of America and its affiliates. Variable life is distributed by Pruco Securities, LLC, member SIPC, 751 Broad Street, Newark, NJ 07102 (800) 201-6690. All are Prudential Financial companies. Each is solely responsible for its own financial condition and contractual obligations.

**It is possible to lose money by investing in securities.**

**Investors should consider the contract and the underlying portfolios' investment objectives, risks, charges, and expenses carefully before investing. This and other important information is contained in the prospectuses, which can be obtained from your financial professional. You should read the prospectuses carefully before investing.**

Prudential, the Prudential logo, and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities.



**Prudential**

Prudential Insurance Company of America  
Corporate Offices  
Newark, New Jersey 07102  
973-802-6000

The Prudential Insurance Company of America  
 Pruco Life Insurance Company of New Jersey  
*Both are Prudential companies.*

**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK**

**IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS**

**THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY 11 NYCRR PART 51 (INSURANCE REGULATION NO. 60)**

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE. A SIGNED DISCLOSURE STATEMENT WILL ALSO BE PROVIDED TO YOU CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION. **THE DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE POLICY OR CONTRACT.**
2. ASK THE COMPANY, AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.



4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF 11 NYCRR PART 51 (INSURANCE REGULATION 60).

**IMPORTANT:** THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

**IMPORTANT:** IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY AFFECT THE VALUE OF THE REFUND YOU RECEIVE.

**I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "IMPORTANT NOTICE" AND HAVE RECEIVED A COPY OF SAME.**

---

Date: \_\_\_\_\_ Name of Applicant (Please Print) \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

---

Date: \_\_\_\_\_ Name of Applicant (Please Print) \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



**Prudential**

Prudential Insurance Company of America  
Corporate Offices  
Newark, New Jersey 07102  
973-802-6000

The Prudential Insurance Company of America  
 Pruco Life Insurance Company of New Jersey  
*Both are Prudential companies.*

---

**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK**  
**IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS**

**THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY 11 NYCRR PART 51 (INSURANCE REGULATION NO. 60)**

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE. A SIGNED DISCLOSURE STATEMENT WILL ALSO BE PROVIDED TO YOU CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION. **THE DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE POLICY OR CONTRACT.**
2. ASK THE COMPANY, AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.



4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF 11 NYCRR PART 51 (INSURANCE REGULATION 60).

**IMPORTANT:** THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

**IMPORTANT:** IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY EFFECT THE VALUE OF THE REFUND YOU RECEIVE.

**I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "IMPORTANT NOTICE" AND HAVE RECEIVED A COPY OF SAME.**

---

Date: Name of Applicant (Please Print) Signature of Applicant:

---

Date: Name of Applicant (Please Print) Signature of Applicant:



**Prudential**

Prudential Insurance Company of America  
Corporate Offices  
Newark, New Jersey 07102  
973-802-6000

The Prudential Insurance Company of America  
 Pruco Life Insurance Company of New Jersey  
*Both are Prudential companies.*

---

**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK**  
**IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS**

**THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY 11 NYCRR PART 51 (INSURANCE REGULATION NO. 60)**

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE. A SIGNED DISCLOSURE STATEMENT WILL ALSO BE PROVIDED TO YOU CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION. **THE DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE POLICY OR CONTRACT.**
2. ASK THE COMPANY, AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.

4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF 11 NYCRR PART 51 (INSURANCE REGULATION 60).

**IMPORTANT:** THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

**IMPORTANT:** IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY EFFECT THE VALUE OF THE REFUND YOU RECEIVE.

**I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "IMPORTANT NOTICE" AND HAVE RECEIVED A COPY OF SAME.**

---

Date: \_\_\_\_\_ Name of Applicant (Please Print) \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

---

Date: \_\_\_\_\_ Name of Applicant (Please Print) \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_



- The Prudential Insurance Company of America
  - Pruco Life Insurance Company of New Jersey
- Both are Prudential companies.*

### Regulation 60 Disclosure Statement Completion Instructions

**All questions must be completed. Use N/A (Not Applicable) when appropriate.**

1. **Name of Applicant** - Print name of person applying for coverage.
2. **Telephone Number** - Home telephone number of applicant.
3. **Address** - Full address of applicant.
4. **Name of Agent or Broker** - Print name of agent or broker writing new coverage.
5. **Telephone Number** - Agent's or Broker's business telephone number
6. **Agent's or Broker's address** - Agency business address, with Name of Agency or Company affiliation, if any
7. **Source used to complete information** - If any information on existing coverage was received from one or more replaced company(ies), mark "X" in "the following company(ies)" box and list the names of the company(ies) which provided the information. If any approximations were used because requested information was not provided by one or more replaced company(ies), mark "X" in the "approximations" box and list the names of the replaced company(ies) which did not provide the information.

#### 1. Description of Transaction Section

8. **As of Date** - Date the stated values were measured.
9. **Company Name** - Name of Insurance companies for existing and proposed policies
10. **Customer Service Phone Number** - Customer Service telephone number for existing and replacing insurance companies.
11. **Contract Number** - Policy/contract/certificate number of existing policies (blank for proposed policy).
12. **Issue Date** - Issue date of existing policies.
13. **Type of Insurance** - Type of insurance (i.e. Term, Whole Life, Universal Life).
14. **Base Policy Face Amount** - Face amount of base policy excluding riders.
15. **Riders** - Indicate type of rider and benefit amount (if applicable) for all riders attached to the base policy
16. **Total Annual Premium** - Include the premium for the base policy and all riders. Premium should be annualized if applicant is paying a premium mode other than annual.
17. **Current Surrender Charge** - Specify current surrender charge of existing policies (if applicable).
18. **Guaranteed Interest Rate** - Specify contract minimum guaranteed interest rates (if applicable) for existing and proposed policy.
19. **Current Loan Interest Rate** - Indicate loan interest percentage (if applicable) for existing and proposed policy
20. **Current Loan Balance** - Indicate current outstanding loan balance of existing policy(ies) and proposed policy (if applicable).
21. **Contestable Expiry Date** - Indicate if contestable period has expired or contestable expiry date (month, day and year) for current policies and duration of contestable period for proposed policy.
22. **Suicide Expiry Date** - Indicate if suicide period has expired or suicide expiry date (month, day and year) for current policies and duration of suicide period for proposed policy.
23. **Lapse or Surrender** - Check if existing policy(ies) are to be lapsed or surrendered.
24. **Amendment or Re-Issue** - Check if existing policy(ies) are to be amended or re-issued.
25. **Loan or Withdrawal** - Check if existing policy(ies) cash value will be borrowed or withdrawn.
26. **Death Benefit Reduction To** - Indicate reduced face amount of existing policies.
27. **Reduced Paid Up For** - Indicate new face amount if policy(ies) are being placed on reduced paid-up or non-forfeiture option.
28. **Extended Term To** - Specify expiry date (month, day and year) or duration of Extended Term Period (whichever available) if policy(ies) are being placed on Extended Term Insurance (ETI) non-forfeiture option.
29. **Cash Release at Time of Change (at \_\_\_\_\_)** - Enter dollar amount of funds released by exercising one of the above changes.
30. **Use of Cash Released** - Describe how cash released will be used (i.e. 1035 Exchange, pay premiums on proposed policy).





## Regulation 60 Disclosure Statement Completion Instructions

---

### **2. Summary Result Comparison Section**

**Proposed With Existing Coverage Changed** [Values reflecting planned changes for existing policy(ies)]

**31A,B&C. Annual Premium** - Indicate total annualized premium on a guaranteed and non-guaranteed basis for current year, five years hence and ten years hence for proposed policies. Premiums should be annualized if applicant is paying a premium mode other than annual.

**32A,B&C. Surrender Value** - Indicate surrender value (net of loan) on a guaranteed and non-guaranteed basis at the end of first year, five years hence and ten years hence for proposed policies.

**33A,B&C. Death Benefit** - Enter death benefit on a guaranteed and non-guaranteed basis at the end of first year, five years hence and ten years hence for proposed policies.

**34A,B&C. Dividends** - Enter illustrated dividends, if applicable, at the end of first year, five years hence and ten years hence for proposed policies. [To be completed if dividends are not included above in Surrender Value and Death Benefit.]

---

### **Existing Coverage Unchanged**

**35A,B&C. Annual Premium** - Indicate total combined existing policy(ies) annual premium based on existing coverage unchanged on a guaranteed and non-guaranteed basis, current year, five years hence and ten years hence.

**36A,B&C. Surrender Value** - Enter total combined existing policy(ies) surrender value on a guaranteed and non-guaranteed basis, at the end of first year, five years hence and ten years hence on existing coverage unchanged.

**37A,B&C. Death Benefit** - Enter total combined existing policy(ies) death benefit on a guaranteed and non-guaranteed (including paid-up additions) basis, at the end of first year, five years hence and ten years hence on existing coverage unchanged.

**38A,B&C. Dividends** - Enter illustrated dividends, if applicable, at the end of first year, five years hence and ten years hence on existing policies unchanged. [To be completed if dividends are not included above in Surrender Value and Death Benefit.]

---

### **3. Agent or Broker Statement Section**

**39. Disclosure Question 1** - Enter the reason(s) for recommending the new life policy or annuity contract (i.e., lower premium).

**40. Disclosure Question 2** - Enter the reason why the existing insurance policy(ies) or annuity contract(s) cannot meet the applicant's objectives (i.e., too expensive, not enough coverage).

**41. Disclosure Question 3** - List the advantages of continuing the existing insurance policy or annuity contract (i.e., contestability and suicide clause have expired).

**42. Remarks** - Enter any pertinent comments bearing on this transaction.

**43. Proposal Used** - Check the appropriate box indicating if a proposal/sales material was used to make this sale.

**44. Agent or Broker Certification** - Agent or broker signs and dates.



**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK  
DISCLOSURE STATEMENT**

**IMPORTANT** - IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY.

- THIS DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE NEW POLICY OR CONTRACT. PLEASE REVIEW THIS DOCUMENT CAREFULLY AS IT CONTAINS INFORMATION COMPARING YOUR EXISTING POLICY OR CONTRACT TO THE NEW POLICY OR CONTRACT.
- **IMPORTANT 60 DAY REFUND PERIOD:**  
**WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, YOU HAVE THE RIGHT TO RETURN IT AND RECEIVE A REFUND, IF YOU ARE NOT SATISFIED WITH THE NEW POLICY OR CONTRACT. FOR FURTHER DETAILS ON THE TERMS OF THE REFUND, SEE THE IMPORTANT NOTICE FORM PROVIDED TO YOU WHEN YOU APPLIED FOR YOUR NEW POLICY OR CONTRACT.**
- PLEASE CONTACT THE COMPANY, AGENT OR BROKER IF YOU HAVE ANY QUESTIONS.

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given the *IMPORTANT Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts* and the *Definition of Replacement* forms at the time you apply for your coverage. This *Disclosure Statement*, which contains information on all proposed and existing coverage affected, may be provided to you at the time you apply for your coverage or at a later date, but no later than at the time of policy or contract delivery

Name of Applicant(s) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address \_\_\_\_\_

Name of Agent or Broker \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

The Information On Existing Coverage on This Form Was Obtained From:

The following replaced company(ies): \_\_\_\_\_

Approximations if the following replaced company(ies) failed to provide information in the prescribed time:

\_\_\_\_\_



## 1. DESCRIPTION OF TRANSACTION

| Proposed Policy/<br>Contract |                              | Existing Policies/Contracts Affected |                         |                         |
|------------------------------|------------------------------|--------------------------------------|-------------------------|-------------------------|
|                              |                              | (1)<br>As of Date _____              | (2)<br>As of Date _____ | (3)<br>As of Date _____ |
|                              | Company Name                 |                                      |                         |                         |
|                              | Customer Service Phone No.   |                                      |                         |                         |
|                              | Contract Number              |                                      |                         |                         |
|                              | Issue Date                   |                                      |                         |                         |
|                              | Type of Insurance            |                                      |                         |                         |
| \$                           | Base Policy Face Amount      | \$                                   | \$                      | \$                      |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
| \$                           | Total Annualized Premium     | \$                                   | \$                      | \$                      |
| N/A                          | Current Surrender Charge     |                                      |                         |                         |
|                              | % Guaranteed Interest Rate   | %                                    | %                       | %                       |
|                              | % Current Loan Interest Rate | %                                    | %                       | %                       |
|                              | Current Loan Balance         |                                      |                         |                         |
|                              | Contestable Expiry Date      |                                      |                         |                         |
|                              | Suicide Expiry Date          |                                      |                         |                         |

| Existing Coverage to be changed by: |                      |     |     |     |
|-------------------------------------|----------------------|-----|-----|-----|
|                                     | Lapse or Surrender   | [ ] | [ ] | [ ] |
|                                     | Amendment or Reissue | [ ] | [ ] | [ ] |
|                                     | Loan or Withdrawal   | [ ] | [ ] | [ ] |

| Death Benefit |                         |    |    |    |
|---------------|-------------------------|----|----|----|
|               | Reduction To            | \$ | \$ | \$ |
|               | Reduced Paid-Up For     | \$ | \$ | \$ |
|               | Extended Term to        |    |    |    |
|               | Other                   |    |    |    |
|               | Cash released by change | \$ | \$ | \$ |

Use of cash released: \_\_\_\_\_





## 2. SUMMARY RESULT COMPARISON

| Proposed With Existing Coverage Changed |                |                 | Existing Coverage Unchanged |                |
|---|----------------|-----------------|-----------------------------|----------------|
| Guaranteed                              | Non-Guaranteed |                 | Guaranteed                  | Non-Guaranteed |
| <b>Annualized Premium</b>               |                |                 |                             |                |
| \$                                      | \$             | Current Year    | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |
| <b>Surrender Value</b>                  |                |                 |                             |                |
| \$                                      | \$             | End of 1st Year | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |
| <b>Death Benefit</b>                    |                |                 |                             |                |
| \$                                      | \$             | End of 1st Year | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |
| <b>Dividends</b>                        |                |                 |                             |                |
| \$                                      | \$             | End of 1st Year | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |

## 3. AGENT'S OR BROKER'S STATEMENT:

1. The primary reason(s) for recommending the new life insurance policy or annuity contract is (are):

\_\_\_\_\_

2. The existing life insurance policy or annuity contract cannot meet the applicant's objectives because:

\_\_\_\_\_

3. The advantages of continuing the existing life insurance policy or annuity contract without changes are:

\_\_\_\_\_

## REMARKS:

\_\_\_\_\_

Sales material was used in this sale.

No sales material, other than the attached proposal, was used in this sale.

No sales material or proposal was used in this sale.

If sales material and/or a proposal was used in this transaction, such material and/or proposal, or a list of such information used in the sale of the proposed life insurance policy or annuity contract, must accompany the submission of this form to the replacing insurer. Copies of the sales materials, and any proposals, must also be given to the applicant.

If more than three existing life insurance policies or annuity contracts are to be affected by this transaction or if more than one new life insurance policy or annuity contract is proposed, Section 1 of this Disclosure Statement must be completed for such additional life insurance policies and annuity contracts. In addition, a composite comparison shall be completed of all existing life insurance policies or annuity contracts to all proposed life insurance policies or annuity contracts.

**I have personally completed this form and certify that it is correct to the best of my knowledge and ability.**

Date: \_\_\_\_\_ Signature of Agent or Broker \_\_\_\_\_





**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK  
DISCLOSURE STATEMENT**

**IMPORTANT** - IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY.

- THIS DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE NEW POLICY OR CONTRACT. PLEASE REVIEW THIS DOCUMENT CAREFULLY AS IT CONTAINS INFORMATION COMPARING YOUR EXISTING POLICY OR CONTRACT TO THE NEW POLICY OR CONTRACT.
- **IMPORTANT 60 DAY REFUND PERIOD:**  
**WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, YOU HAVE THE RIGHT TO RETURN IT AND RECEIVE A REFUND, IF YOU ARE NOT SATISFIED WITH THE NEW POLICY OR CONTRACT. FOR FURTHER DETAILS ON THE TERMS OF THE REFUND, SEE THE IMPORTANT NOTICE FORM PROVIDED TO YOU WHEN YOU APPLIED FOR YOUR NEW POLICY OR CONTRACT.**
- PLEASE CONTACT THE COMPANY, AGENT OR BROKER IF YOU HAVE ANY QUESTIONS.

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given the *IMPORTANT Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts* and the *Definition of Replacement* forms at the time you apply for your coverage. This *Disclosure Statement*, which contains information on all proposed and existing coverage affected, may be provided to you at the time you apply for your coverage or at a later date, but no later than at the time of policy or contract delivery

Name of Applicant(s) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address \_\_\_\_\_

Name of Agent or Broker \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

The Information On Existing Coverage on This Form Was Obtained From:

The following replaced company(ies): \_\_\_\_\_

Approximations if the following replaced company(ies) failed to provide information in the prescribed time:

\_\_\_\_\_



## 1. DESCRIPTION OF TRANSACTION

| Proposed Policy/<br>Contract |                              | Existing Policies/Contracts Affected |                         |                         |
|------------------------------|------------------------------|--------------------------------------|-------------------------|-------------------------|
|                              |                              | (1)<br>As of Date _____              | (2)<br>As of Date _____ | (3)<br>As of Date _____ |
|                              | Company Name                 |                                      |                         |                         |
|                              | Customer Service Phone No.   |                                      |                         |                         |
|                              | Contract Number              |                                      |                         |                         |
|                              | Issue Date                   |                                      |                         |                         |
|                              | Type of Insurance            |                                      |                         |                         |
| \$                           | Base Policy Face Amount      | \$                                   | \$                      | \$                      |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
| \$                           | Total Annualized Premium     | \$                                   | \$                      | \$                      |
| N/A                          | Current Surrender Charge     |                                      |                         |                         |
|                              | % Guaranteed Interest Rate   | %                                    | %                       | %                       |
|                              | % Current Loan Interest Rate | %                                    | %                       | %                       |
|                              | Current Loan Balance         |                                      |                         |                         |
|                              | Contestable Expiry Date      |                                      |                         |                         |
|                              | Suicide Expiry Date          |                                      |                         |                         |

| Existing Coverage to be changed by: |                      |     |     |     |
|-------------------------------------|----------------------|-----|-----|-----|
|                                     | Lapse or Surrender   | [ ] | [ ] | [ ] |
|                                     | Amendment or Reissue | [ ] | [ ] | [ ] |
|                                     | Loan or Withdrawal   | [ ] | [ ] | [ ] |

| Death Benefit |                         |    |    |    |
|---------------|-------------------------|----|----|----|
|               | Reduction To            | \$ | \$ | \$ |
|               | Reduced Paid-Up For     | \$ | \$ | \$ |
|               | Extended Term to        |    |    |    |
|               | Other                   |    |    |    |
|               | Cash released by change | \$ | \$ | \$ |

Use of cash released: \_\_\_\_\_



## 2. SUMMARY RESULT COMPARISON

| Proposed With Existing Coverage Changed |                |                 | Existing Coverage Unchanged |                |
|---|----------------|-----------------|-----------------------------|----------------|
| Guaranteed                              | Non-Guaranteed |                 | Guaranteed                  | Non-Guaranteed |
| <b>Annualized Premium</b>               |                |                 |                             |                |
| \$                                      | \$             | Current Year    | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |
| <b>Surrender Value</b>                  |                |                 |                             |                |
| \$                                      | \$             | End of 1st Year | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |
| <b>Death Benefit</b>                    |                |                 |                             |                |
| \$                                      | \$             | End of 1st Year | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |
| <b>Dividends</b>                        |                |                 |                             |                |
| \$                                      | \$             | End of 1st Year | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |

## 3. AGENT'S OR BROKER'S STATEMENT:

1. The primary reason(s) for recommending the new life insurance policy or annuity contract is (are):

\_\_\_\_\_

2. The existing life insurance policy or annuity contract cannot meet the applicant's objectives because:

\_\_\_\_\_

3. The advantages of continuing the existing life insurance policy or annuity contract without changes are:

\_\_\_\_\_

## REMARKS:

\_\_\_\_\_

Sales material was used in this sale.

No sales material, other than the attached proposal, was used in this sale.

No sales material or proposal was used in this sale.

If sales material and/or a proposal was used in this transaction, such material and/or proposal, or a list of such information used in the sale of the proposed life insurance policy or annuity contract, must accompany the submission of this form to the replacing insurer. Copies of the sales materials, and any proposals, must also be given to the applicant.

If more than three existing life insurance policies or annuity contracts are to be affected by this transaction or if more than one new life insurance policy or annuity contract is proposed, Section 1 of this Disclosure Statement must be completed for such additional life insurance policies and annuity contracts. In addition, a composite comparison shall be completed of all existing life insurance policies or annuity contracts to all proposed life insurance policies or annuity contracts.

**I have personally completed this form and certify that it is correct to the best of my knowledge and ability.**

Date: \_\_\_\_\_ Signature of Agent or Broker \_\_\_\_\_



**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK  
DISCLOSURE STATEMENT**

**IMPORTANT** - IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY.

- THIS DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE NEW POLICY OR CONTRACT. PLEASE REVIEW THIS DOCUMENT CAREFULLY AS IT CONTAINS INFORMATION COMPARING YOUR EXISTING POLICY OR CONTRACT TO THE NEW POLICY OR CONTRACT.
- **IMPORTANT 60 DAY REFUND PERIOD:**  
**WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, YOU HAVE THE RIGHT TO RETURN IT AND RECEIVE A REFUND, IF YOU ARE NOT SATISFIED WITH THE NEW POLICY OR CONTRACT. FOR FURTHER DETAILS ON THE TERMS OF THE REFUND, SEE THE IMPORTANT NOTICE FORM PROVIDED TO YOU WHEN YOU APPLIED FOR YOUR NEW POLICY OR CONTRACT.**
- PLEASE CONTACT THE COMPANY, AGENT OR BROKER IF YOU HAVE ANY QUESTIONS.

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given the *IMPORTANT Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts* and the *Definition of Replacement* forms at the time you apply for your coverage. This *Disclosure Statement*, which contains information on all proposed and existing coverage affected, may be provided to you at the time you apply for your coverage or at a later date, but no later than at the time of policy or contract delivery

Name of Applicant(s) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address \_\_\_\_\_

Name of Agent or Broker \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

The Information On Existing Coverage on This Form Was Obtained From:

The following replaced company(ies): \_\_\_\_\_

Approximations if the following replaced company(ies) failed to provide information in the prescribed time:

\_\_\_\_\_



## 1. DESCRIPTION OF TRANSACTION

| Proposed Policy/<br>Contract |                              | Existing Policies/Contracts Affected |                         |                         |
|------------------------------|------------------------------|--------------------------------------|-------------------------|-------------------------|
|                              |                              | (1)<br>As of Date _____              | (2)<br>As of Date _____ | (3)<br>As of Date _____ |
|                              | Company Name                 |                                      |                         |                         |
|                              | Customer Service Phone No.   |                                      |                         |                         |
|                              | Contract Number              |                                      |                         |                         |
|                              | Issue Date                   |                                      |                         |                         |
|                              | Type of Insurance            |                                      |                         |                         |
| \$                           | Base Policy Face Amount      | \$                                   | \$                      | \$                      |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
|                              | Rider _____.                 |                                      |                         |                         |
| \$                           | Total Annualized Premium     | \$                                   | \$                      | \$                      |
| N/A                          | Current Surrender Charge     |                                      |                         |                         |
|                              | % Guaranteed Interest Rate   | %                                    | %                       | %                       |
|                              | % Current Loan Interest Rate | %                                    | %                       | %                       |
|                              | Current Loan Balance         |                                      |                         |                         |
|                              | Contestable Expiry Date      |                                      |                         |                         |
|                              | Suicide Expiry Date          |                                      |                         |                         |

| Existing Coverage to be changed by: |                      |     |     |     |
|-------------------------------------|----------------------|-----|-----|-----|
|                                     | Lapse or Surrender   | [ ] | [ ] | [ ] |
|                                     | Amendment or Reissue | [ ] | [ ] | [ ] |
|                                     | Loan or Withdrawal   | [ ] | [ ] | [ ] |

| Death Benefit |                         |    |    |    |
|---------------|-------------------------|----|----|----|
|               | Reduction To            | \$ | \$ | \$ |
|               | Reduced Paid-Up For     | \$ | \$ | \$ |
|               | Extended Term to        |    |    |    |
|               | Other                   |    |    |    |
|               | Cash released by change | \$ | \$ | \$ |

Use of cash released: \_\_\_\_\_



## 2. SUMMARY RESULT COMPARISON

| Proposed With Existing Coverage Changed |                |                 | Existing Coverage Unchanged |                |
|---|----------------|-----------------|-----------------------------|----------------|
| Guaranteed                              | Non-Guaranteed |                 | Guaranteed                  | Non-Guaranteed |
| <b>Annualized Premium</b>               |                |                 |                             |                |
| \$                                      | \$             | Current Year    | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |
| <b>Surrender Value</b>                  |                |                 |                             |                |
| \$                                      | \$             | End of 1st Year | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |
| <b>Death Benefit</b>                    |                |                 |                             |                |
| \$                                      | \$             | End of 1st Year | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |
| <b>Dividends</b>                        |                |                 |                             |                |
| \$                                      | \$             | End of 1st Year | \$                          | \$             |
| \$                                      | \$             | 5 Years Hence   | \$                          | \$             |
| \$                                      | \$             | 10 Years Hence  | \$                          | \$             |

## 3. AGENT'S OR BROKER'S STATEMENT:

1. The primary reason(s) for recommending the new life insurance policy or annuity contract is (are):

\_\_\_\_\_

2. The existing life insurance policy or annuity contract cannot meet the applicant's objectives because:

\_\_\_\_\_

3. The advantages of continuing the existing life insurance policy or annuity contract without changes are:

\_\_\_\_\_

## REMARKS:

\_\_\_\_\_

Sales material was used in this sale.

No sales material, other than the attached proposal, was used in this sale.

No sales material or proposal was used in this sale.

If sales material and/or a proposal was used in this transaction, such material and/or proposal, or a list of such information used in the sale of the proposed life insurance policy or annuity contract, must accompany the submission of this form to the replacing insurer. Copies of the sales materials, and any proposals, must also be given to the applicant.

If more than three existing life insurance policies or annuity contracts are to be affected by this transaction or if more than one new life insurance policy or annuity contract is proposed, Section 1 of this Disclosure Statement must be completed for such additional life insurance policies and annuity contracts. In addition, a composite comparison shall be completed of all existing life insurance policies or annuity contracts to all proposed life insurance policies or annuity contracts.

**I have personally completed this form and certify that it is correct to the best of my knowledge and ability.**

Date: \_\_\_\_\_ Signature of Agent or Broker \_\_\_\_\_



**Part 1 Instructions:** Complete Part 1 and obtain the Applicant's signature for the Authorization to Release Information

Request for Disclosure Statement information to be sent to: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name of carrier to be replaced Fax Number  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, ZIP Code

In anticipation of the purchase of a new life insurance policy(ies) or annuity contract(s) that may result in an existing life insurance policy(ies) or annuity contract(s) being replaced or changed, please furnish the information necessary for the completion of the New York State Disclosure Statement, in accordance with New York Insurance Regulation Number 60.

**Applicant Information**

\_\_\_\_\_  
Name of insured Policy/Contract Number  Life  Annuity  
\_\_\_\_\_  
Date of birth Policy/Contract Number  Life  Annuity  
\_\_\_\_\_  
Social Security Number Policy/Contract Number  Life  Annuity

**Authorization to Release Information**

**I request and authorize the above company to provide information on the above policy/contract number(s) in accordance with requirements of New York Insurance Regulation 60.**

\_\_\_\_\_  
Applicant/Contract Owner's Signature Date \_\_\_\_\_  
**This authorization is valid until revoked in writing.**

**Part 2 Instructions:** Complete Broker's Information and select Information Statement obtainee.

Broker's Information \_\_\_\_\_ ( ) \_\_\_\_\_  
Broker's Name Phone Number  
\_\_\_\_\_  
Broker's Address Fax Number  
\_\_\_\_\_  
City, State, ZIP Code

**Disclosure Statement Information to be obtained by**

**Prudential NY Reg 60 Unit: Submit this form, with Parts 1 and 2 completed, with the Insurance Application. Provide a Copy to the Applicant and maintain the original in your file.**  
 **Obtained directly by Broker:**  
Date Sent to Existing Carrier: \_\_\_\_\_  
Forward this form with Parts 1 and 2 completed to the existing carrier, provide a copy to the Applicant and maintain a copy for your file.

**Part 3 Instructions:** Complete this section only when disclosure information is to be obtained directly by the Broker, and then **ONLY AFTER** either a) receiving information from the existing carrier, or b) no information is received within 25 days (regulatory 20 days plus 5 additional days for mailing). Forward fully completed form to Prudential Brokerage.

**Information supplied by the existing company was:**

Complete information\*. Date received : \_\_\_\_\_.  
 Incomplete information\*. Date received: \_\_\_\_\_. Some Good Faith Approximations were used.  
 Not provided within 25 days (regulatory 20 days plus 5 additional days for mailing)\*. Good Faith Approximations were used.

\* Submit Supporting Documentation.

**X** \_\_\_\_\_  
Broker's Signature





Please refer to the appropriate state replacement regulations to determine when the *Important Notice Regarding Replacement* is required. Please note: Some of the information on this instruction form may not apply to your state specific Important Notice Regarding Replacement form.

DEFINITIONS

**Replacement** – 1) a new policy or contract is purchased and, in connection with the sale, premium payments on the existing policy or contract are discontinued or 2) an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

**Financed Purchase** – the purchase of a new life insurance policy involving the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

**1035 Exchange** – a tax-free transfer of an existing annuity contract, life insurance policy, long-term care product, or endowment for another one of like kind. A 1035 Exchange is not a financed purchase.

QUESTIONS

Both questions must be answered.

Question 2 should only be answered “Yes” if the new policy will be premium financed. NOTE: A 1035 Exchange is not a financed purchase.

EXISTING COVERAGE DETAILS

All details must be provided.

**Insurer Name** – Name of the existing carrier to be replaced.

**Contract or Policy #** – Contract or policy number to be replaced.

**Insured or Annuitant** – Name of the person covered under the replaced contract or policy.

**Replaced or Financing** – If existing coverage is to be replaced, write in “R.” If existing coverage is to be financed, write in “F.”

THE EXISTING POLICY OR CONTRACT IS BEING REPLACED BECAUSE \_\_\_\_\_

A response must be provided to the statement “The existing policy or contract is being replaced because...” “None,” “N/A,” or blank responses will not be accepted.

SIGNATURES

All appropriate signatures must be provided.

**Applicant** – policy owner.

If the owner is an entity, please provide the title of the officer signing the form.





Proposed Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

This form is to be completed and used whenever a replacement is involved and the Producer is required to submit all sales material and sales illustrations used in the sales process to the Home Office. Sales Material is defined as product specific brochures, or similar type materials used in the sales presentation (including electronic materials). Sales material does NOT include fact finders, Survivor Needs Analysis, Asset Allocation Questionnaire and Output, or similar type materials.

Complete the following by listing the materials used in the sale:

PRODUCT:

\_\_\_\_\_

Has the applicant received the What Every Consumer Should Know brochure?  Yes  No
Has the applicant received the Living Needs Benefit brochure?  Yes  No

SALES ILLUSTRATION:

Illustration or Presentation – must be submitted for LIFE if either a computer screen or paper illustration or presentation, matching the policy applied for, was presented at time of sale.

COMPANY PRODUCED SALES MATERIAL (Do not forward copies of Home Office generated Sales Material.)

Table with 2 columns: Sales Material Title, IFS/Material Control Number. Multiple rows for listing materials.

OTHER SALES MATERIAL (Please list any other sales material not shown above used in the presentation [a copy of these materials that do not have an IFS/Control # must be submitted in the prepaid mailer])

Table with 2 columns: Sales Material Title, IFS/Material Control Number. Rows for listing other sales material.

I acknowledge that copies of all sales material were left with the applicant and that I have listed above all sales material used in connection with the listed application.

Name of Producer: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_ Date \_\_\_\_\_





**Proposed Insured** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

This form is to be completed and used whenever a replacement is involved and the Producer is required to submit all sales material and sales illustrations used in the sales process to the Home Office. Sales Material is defined as product specific brochures, or similar type materials used in the sales presentation (including electronic materials). Sales material does NOT include fact finders, Survivor Needs Analysis, Asset Allocation Questionnaire and Output, or similar type materials.

Complete the following by listing the materials used in the sale:

**PRODUCT:**

\_\_\_\_\_

Has the applicant received the What Every Consumer Should Know brochure?  Yes  No

Has the applicant received the Living Needs Benefit brochure?  Yes  No

**SALES ILLUSTRATION:**

Illustration or Presentation – must be submitted for LIFE if either a computer screen or paper illustration or presentation, matching the policy applied for, was presented at time of sale.

**COMPANY PRODUCED SALES MATERIAL** (Do not forward copies of Home Office generated Sales Material.)

| Sales Material Title | IFS/Material Control Number |
|----------------------|-----------------------------|
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |

**OTHER SALES MATERIAL** (Please list any other sales material not shown above used in the presentation [a copy of these materials that do not have an IFS/Control # must be submitted in the prepaid mailer])

| Sales Material Title | IFS/Material Control Number |
|----------------------|-----------------------------|
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |
| _____                | _____                       |

I acknowledge that copies of all sales material were left with the applicant and that I have listed above all sales material used in connection with the listed application.

Name of Producer: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_ Date \_\_\_\_\_



## ABSOLUTE ASSIGNMENT TO EFFECT A SECTION 1035 EXCHANGE

Existing Insurer: \_\_\_\_\_ Existing Policy Number \_\_\_\_\_

Insured: \_\_\_\_\_

Owner: \_\_\_\_\_ Owner Trust Date (if Applicable): \_\_\_\_\_

Is there a loan on the existing policy?  Yes  No

If Yes, will you move the loan to the new policy with Prudential?  Yes  No

\*All mirrored loans must be approved by corporate exceptions and the existing company prior to the start of the exchange.

\*By signing this form, I (we) certify that I (we) are aware of the loan, the possible tax consequences if the loan is not mirrored, and wish to proceed with the 1035 exchange.

### Purpose:

- I, the Owner of the life insurance policy designated above, hereby absolutely assign and transfer all rights, title and interest in and to the policy described above (the "Existing Policy") including, without limitation, the rights to surrender it for its cash value and to receive the surrender proceeds, to the Company for the sole purpose of effecting an exchange of life insurance policies under Section 1035 of the Internal Revenue Code of 1986, as amended (the "Code").
- Except in the limited circumstances set forth below, I have absolutely no rights under this assignment to receive the surrender proceeds of the Existing Policy and no option to receive cash or other property instead of receiving the life insurance policy requested from the Company (the "New Policy"). If, for some reason, the Existing Insurer erroneously remits the surrender proceeds to me, I agree to immediately endorse the proceeds over to the Company.

### Initiation of Coverage Under New Policy:

- I understand if the Company determines that it is willing to provide the New Policy as requested, my life insurance producer will be notified of this decision. I will be asked to confirm acceptance of this offer either directly or through my insurance producer, who will upon my authorization, confirm acceptance with the Company in writing or by electronic communication and the Company will surrender the Existing Policy.
- I understand if the Company determines that the New Policy is to be made available with a premium other than as previously requested, my life insurance producer will be notified of this decision. I will be asked to confirm acceptance of this offer either directly or through my insurance producer, who will upon my authorization, confirm acceptance with the Company in writing or by electronic communication and the Company will surrender the Existing Policy.
- I understand that the New Policy will take effect as of the date of the check for the surrender proceeds of the Existing Policy made payable to the Company, provided the check is good and can be collected by the Company and provided the Insured's health remains unchanged from that communicated to the Company when I requested coverage under the New Policy.
- The Company's liability under the New Policy is expressly conditioned upon its receipt of the entire surrender proceeds of the Existing Policy. If the Company does not receive the entire surrender proceeds of the Existing Policy within four (4) months of the date the Company accepts the assignment, the Company may elect to absolutely assign its rights under this assignment back to me and I will accept such assignment. If this occurs:
  - coverage under the Existing Policy may no longer be in force, in which case I shall have right to the surrender proceeds of the Existing Policy, and any other policy values and rights;
  - coverage under the New Policy will be provided only if the Company received the first contract premium and provided the Insured's health remains unchanged from that communicated to the Company when I requested coverage under the New Policy; and
  - this transaction may not qualify as a tax-free exchange under Section 1035 of the Code.

(continued)



**Effective Assignment:**

- I understand that this assignment shall be effective as of the date the Company, as assignee, accepts this assignment. I understand that, by executing this assignment, I irrevocably waive all rights, claims and demands under the Existing Policy. I further understand that upon acceptance of the assignment, the Company, in accordance with the procedures set forth above, will surrender the Existing Policy whereupon the Existing Policy will no longer be in force or effect as of the date the surrender request is deemed effective by the Existing Insurer.

**Payment of Premium:**

- I warrant that the Existing Policy is currently in force and is not subject to any prior assignment, irrevocable beneficiary designation, proceedings in bankruptcy, federal tax levy or collection proceedings resulting from an unpaid assessment or any other legal action.
- I understand and agree that I may have to continue to pay premiums to the Existing Insurer for the Existing Policy until the date the Existing Policy is deemed surrendered by the Existing Insurer. I further understand and agree that the Company is not obligated to pay and will not pay any premiums on the Existing Policy and will not be liable to any person if the Existing Policy lapses for nonpayment of premiums or otherwise. I understand that if the Existing Policy does lapse it can be reinstated only if its terms permit and only under the conditions therein. I also understand that if the Existing Policy lapses, this transaction may not qualify as a Section 1035 of the Code.
- I understand that in the event I subsequently decide to return or terminate the New Policy, I may not be able to reinstate the Existing Policy or return the surrender proceeds to the Existing Insurer.

**Limited Insurance Agreement (LIA):**

- The assignment is separate and exclusive of any coverage under the LIA. The assignment is not payment under the LIA. Any required prepayment for coverage under the LIA must be received with the LIA and initiation of such coverage will be according to the terms stated in the LIA.

**Terms and Conditions:**

- I have specifically requested the Company to surrender the Existing Policy in accordance with the terms set forth above and I understand and agree that:
  - a) the Company and its representatives make no representations, and have no responsibility nor liability, regarding the Owner's tax treatment under Section 1035 or any other provisions of the Code;
  - b) the Company does not guarantee the validity nor sufficiency of the assignment; and
  - c) any delay by the Existing Insurer in paying the surrender proceeds to the Company, so that the proceeds can be applied to the New Policy, is beyond the control of the Company.
- I agree to execute any additional documents necessary to effect the purpose of this assignment.

**Policy Statement** (Please check one box.):

- The above referenced policy is attached.
- I certify that the Existing Policy has been lost or destroyed and I have no knowledge of its whereabouts.

\_\_\_\_\_  
Signature of Policy Owner: *(For Corporate, Trust or Partnership Owned Policies show name and title of officer signing)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Owner: *(Required for Community Property States AZ, CA, ID, LA, NV, NM, TX, WA, and WI)*

\_\_\_\_\_  
Date

(For Corporate, Trust or Partnership Owned Policies)  
Accepted by the Prudential Insurance Company of America

By: \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_