



HIPAA AUTHORIZATION RELEASE TO OBTAIN AND DISCLOSE INFORMATION

Name of Proposed Insured

Please Print

_____/_____/_____
First MI Last DOB Month/Day/Year

I authorize any person licensed to provide health care services, hospital, clinic or other medical or medically related facility, insurer, reinsurer, insurance support organization, the Medical Information Bureau, Inc., consumer report agency, state motor vehicle agency, employer, or any other person or institution to release to each of the insurance companies listed below, as well as to their reinsures, any insurance support organizations, those person authorized to represent them; and International Brokerage Agencies, Inc.; any information related to my mental and physical health, lab results, other insurance coverage, hazardous activities, character, general reputations, finances, occupations, other personal traits, drug and/or alcohol use and driving record for me and my minor children who are to be insured. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases.

THIS AUTHORIZATION APPLIES TO THE FOLLOWING:

- Aetna Companies
- Allstate Health Solutions
- American National
- APPS
- Brighthouse Life
- Corebridge
- ExamOne
- Express Imaging Services
- Fidelity Life
- Gerber
- Global Atlantic
- Illinois Mutual
- IMG
- J&H
- John Hancock
- Kemper
- Legal & General
- Lincoln Financial Group
- MassMutual
- Mutual of Omaha
- Nationwide
- North American
- OneAmerica
- Pacific Life
- Principal Life
- Protective
- Prudential
- SBLI
- Securian Financial
- Symetra
- Transamerica
- World Trips

By my signature below, I acknowledge that any agreements I have made with my Providers that restrict disclosure of my medical records and any associated HIPPA protected health information do not apply for purposes of this authorization and I instruct my physician, health care professional, hospital, clinic, medical facility or any other health care provider to release and disclose my entire medical record without restriction to International Brokerage Agencies, Inc. I understand that any information that it is disclosed pursuant to this authorization may be re-disclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

The information contained in these medical and financial records will be held in confidence and may be used only for the purpose of the procurement, or the evaluation or underwriting for the possible procurement, of life, health, disability income, long term care, or other insurance products. The contents therein may be reviewed and assessed by a qualified staff consisting of medical directors, underwriters, underwriting assistants, or other related employees involved in the submission, receipt, or evaluation of insurance applications or prospective applications of the insurance companies listed above and their re-insurers as well as International Brokerage Agencies, Inc. and its staff, employees and affiliated companies.

I understand and agree that this form is not an application for life insurance and that no life insurance coverage is provided in connection with this form.

This authorization shall be valid for twenty-four (24) months from the date below. A copy of this authorization shall be as valid as the original. I understand that I am entitled to receive a copy of this authorization. I understand I may revoke this authorization in writing at any time by providing that written notification to International Brokerage Agencies, Inc. at the service address below. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

I agree that a photographic copy or facsimile of this Authorization shall be valid as the original. I agree that this Authorization shall remain valid for the lifetime of the undersigned, absent any provision of any applicable state statute regulation to the contrary, in which event it shall remain valid for the maximum period permitted there under. I understand that if I refuse to sign this authorization, International Brokerage Agencies, Inc. may not be able to provide full and complete information about the insurance coverage and its cost that may be available to me. I also understand and acknowledge that each of the insurers listed on this form or to which I may formally apply, may require me to sign a similar authorization used exclusively by such insurer before they will process my application or offer insurance coverage. I understand that my Providers may not refuse to provide treatment or payment for health services if I refuse to sign this authorization.

Signature of Proposed Insured

Name of Proposed Insured

City

State

Month/Day/Year

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.

PRUFAST TRACK ELIGIBILITY

NOTE: If the application meets the below criteria, it will be eligible for PruFast Track.

- 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.

BEFORE SUBMITTING THE 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 for all product and rider availability.
- Verify you have the correct state-specific version of all 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 proposed insured with the *Prepare For Your Phone Interview and Medical Exam* guide, the *Important Notice About Your Application for Insurance* (ORD 96200B), and the *What Every Consumer Should Know About Life Insurance* brochure, which are part of the *Prudential Xpress QuickForm* package available on www.pruxpress.com.
- 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 on Which Underwriting Decision Is Made to Insurance Agent and/or Producer* (ORD 112719).
- Complete **ALL** data fields in Sections A–G of the *QuickForm*, and Sections H–O, as applicable.
- Enter an alternate mailing address under “Remarks” in 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” in Section B. 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) (ORD 96200A).
- Obtain **ALL** necessary signatures (proposed insured and proposed policyowner(s), if different than proposed insured), titles, and dates, where applicable.

DO NOT:

- X Waive any of our requirements or information we request as you do not have that authority.
- X Guarantee or imply that Prudential will provide insurance.
- X Use correction fluid/tape.
- X 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.

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 SUBMITTING A PREPAYMENT:

- Complete a *Limited Insurance Agreement* (Limited Insurance Agreement section of the ORD96200F 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 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 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.

WHEN THE PRUDENTIAL XPRESS QUICKFORM IS COMPLETE:

- Retain the original document for all imaged forms, in accordance with the imaging agreement.



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)

Prudential Momentum IULSM

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: Annual Semiannual Quarterly Monthly – Electronic Funds Transfer
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 <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Replacement, policy number:</i> _____					
b. _____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Replacement, policy number:</i> _____					
c. _____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Replacement, policy number:</i> _____					
d. _____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Replacement, policy number:</i> _____					
e. _____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <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? 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

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

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 in-force: \$ _____ 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, PRULIFE® INDEX ADVANTAGE UL, OR PRUDENTIAL MOMENTUM IULSM

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 Transfers: \$ _____
Transfer to:
*S&P 500® Indexed Account: _____ %
**Goldman Sachs Voyager Indexed Account: _____ %
Total **100** %

Number of months for Designated Transfers: _____ 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 Transfers: \$ _____
Transfer to:
*S&P 500® Indexed Account: _____ %
*S&P 500® Uncapped Indexed Account: _____ %
Total **100** %

Number of months for Designated Transfers: _____ or unlimited

3A. COMPLETE THIS SECTION FOR PRUDENTIAL MOMENTUM IULSM

The Momentum IUL policy you are applying for provides for automatic transfers of premiums and other amounts paid into the policy from the Fixed Account to Indexed Account(s).

Retain in: Fixed Account: _____ %
Transfer to: 1 yr. S&P 500® Capped Indexed Account: _____ %
Transfer to: 6 mo. S&P 500® Capped Indexed Account: _____ %
Transfer to: 1 yr. S&P 500® Uncapped Indexed Account: _____ %
Transfer to: 1 yr. NASDAQ-100® Capped Indexed Account: _____ %
Total **100** %

Designated Transfers (Optional)

The Momentum IUL policy allows for a specific dollar amount to be transferred monthly on the transfer date, from the Fixed Account to 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 Transfers: \$ _____
Transfer to:
1 yr. S&P 500® Capped Indexed Account: _____ %
6 mo. S&P 500® Capped Indexed Account: _____ %
1 yr. S&P 500® Uncapped Indexed Account: _____ %
1 yr. NASDAQ-100® Capped Indexed Account: _____ %
Total **100** %

Number of months for Designated Transfers: _____ 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 Transfers: \$ _____

Number of months for Designated Transfers: _____ 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*

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THIRD PARTY DATA IS USED UNDER LICENSE AS A SOURCE OF INFORMATION FOR GOLDMAN SACHS VOYAGER INDEX. THIRD PARTY PROVIDER HAS NO OTHER CONNECTION TO GOLDMAN SACHS INDEXES AND SERVICES AND DOES NOT SPONSOR, ENDORSE, RECOMMEND OR PROMOTE ANY GOLDMAN SACHS INDEX OR SERVICES. THIRD PARTY PROVIDER HAS NO OBLIGATION OR LIABILITY IN CONNECTION WITH THE GOLDMAN SACHS INDEX AND SERVICES. THIRD PARTY PROVIDER DOES NOT GUARANTEE THE ACCURACY AND/OR THE COMPLETENESS OF ANY MARKET DATA LICENSED TO GOLDMAN SACHS AND SHALL NOT HAVE ANY LIABILITY FOR ANY ERRORS, OMISSIONS, OR INTERRUPTIONS THEREIN. THERE ARE NO THIRD-PARTY BENEFICIARIES OF ANY AGREEMENTS OR ARRANGEMENTS BETWEEN THIRD PARTY PROVIDER AND GOLDMAN SACHS.

There is no guarantee that the index will not underperform some or all of the underlying assets. In particular, the Index may have a significant weight in one of those assets at the time of a sudden drop, or no exposure to one of those underlyings at a time it has a strong performance, or a significant weight to the cash component. Different indices with a different set of underlying assets may significantly outperform the selected Index. The Index is not actively managed and Goldman Sachs does not exercise discretion in constructing, calculating or executing the strategy. For further information and disclosure about the strategy, including relevant risk factors, please refer to the related transaction documentation. This Index was launched on June 7, 2019.

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N. REMARKS



Pruco Life Insurance Company
The Prudential Insurance Company of America
Both are Prudential Financial 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 and/or its agents authorized by 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.
- 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.
- A copy of this Authorization will be provided to me or my authorized representative by my insurance representative or the Company, either at the 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 others who perform services for us, 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, Split dollar, Restrictive bonus
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.

1. Alternate Compensation Options: (If no selection, compensation will default to standard) Low Trails High Trails

*Availability is based on approved products, participating firms, and eligibility requirements. Compensation choice cannot be changed after the policy has been placed.

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

- 1. Did you see the proposed insured during the sales process? Yes No
- 2. Is the proposed insured a prior client? Yes No
- 3. 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) _____
- 4. 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 _____

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 _____



Prudential

Pruco Life Insurance Company

A subsidiary of The Prudential Insurance Company of America

Premium Provisions of Indeterminate Premium Contracts

Proposed Insured _____

Date of Birth _____ **Contract Number** _____

I understand that the premium provisions of the Indeterminate Premium contract that I have applied for are essentially as follows:

1. After a period of level premiums, the amount of the premiums will increase on each contract anniversary; in addition to that increase, premiums may change on or after the Guaranteed Premium End Date shown in the contract if Pruco Life is then increasing or decreasing its rate basis for all contracts in the same class as my contract. Scheduled premiums and maximum premiums as of each anniversary will be shown in the contract's Schedule of Premiums. For the PruTerm One product, the scheduled premiums equal the maximum premiums, so only the maximum premiums are shown.
2. The non-guaranteed premium used in any solicitation or advertising for this contract is subject to change up to the full maximum shown in the contract.
3. Pruco Life reserves the right to charge the maximum premium beginning with any premium due on a contract anniversary.
4. The changed premium, if less than the maximum premium stated in the contract, is not guaranteed beyond the contract year to which it applies.
5. Pruco Life will not exercise its right to change the premium more often than once a year.

X _____
Signature of Applicant

Date





Prudential

Pruco Life Insurance Company

A subsidiary of The Prudential Insurance Company of America

Premium Provisions of Indeterminate Premium Contracts

Proposed Insured _____

Date of Birth _____ **Contract Number** _____

I understand that the premium provisions of the Indeterminate Premium contract that I have applied for are essentially as follows:

1. After a period of level premiums, the amount of the premiums will increase on each contract anniversary; in addition to that increase, premiums may change on or after the Guaranteed Premium End Date shown in the contract if Pruco Life is then increasing or decreasing its rate basis for all contracts in the same class as my contract. Scheduled premiums and maximum premiums as of each anniversary will be shown in the contract's Schedule of Premiums. For the PruTerm One product, the scheduled premiums equal the maximum premiums, so only the maximum premiums are shown.
2. The non-guaranteed premium used in any solicitation or advertising for this contract is subject to change up to the full maximum shown in the contract.
3. Pruco Life reserves the right to charge the maximum premium beginning with any premium due on a contract anniversary.
4. The changed premium, if less than the maximum premium stated in the contract, is not guaranteed beyond the contract year to which it applies.
5. Pruco Life will not exercise its right to change the premium more often than once a year.

X _____
Signature of Applicant

Date



Prudential

IMPORTANT NOTICE ABOUT YOUR APPLICATION FOR INSURANCE

The Prudential Insurance Company of America
Pruco Life Insurance Company

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. Information about Prudential’s information policies and practices relating to its customers and former customers is provided in our Privacy Notice.

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.

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.

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



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 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.

CLIENT INFORMATION

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

Policy number _____

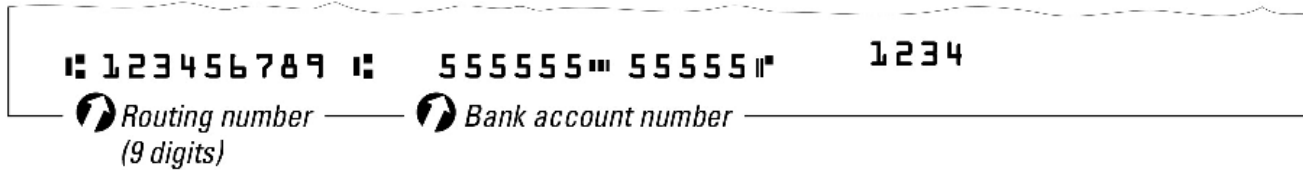
INSTRUCTIONS

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 electronic funds transfers (EFT).

For all life products, except EssentialTerm Value and EssentialTerm Plus, EFT payments will only be allowed on monthly mode. For EssentialTerm Value and EssentialTerm Plus, EFT payments will be offered on monthly, quarterly, semi-annual, and annual modes.

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 premium payments by EFT. Complete all sections to request both E-Pay and EFT.
- **If you are requesting initial premium or 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 _____

Bank routing number (9 digits) _____ Bank account number _____

Copies provided to Home Office, Representative, and Applicant



2 ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION

Withdrawal **date:** _____ (between the 1st and 28th of the month) *

*The 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.

Withdrawal **amount** \$ _____ (cannot exceed modal 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 _____

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 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 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)



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): _____

PROPOSED INSURED: _____

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.
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.
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.
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.
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.

The email address(es) provided will receive a confirmation email from 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:

- 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.
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.
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. Proposed Insured Electronic Policy Delivery Preferences

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

B. 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 Insured **X** _____ (DATE) _____

Signature of Policyowner **X** _____ (DATE) _____

(if different than proposed insured)



Corporate Offices, Newark, New Jersey

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

THANK YOU FOR CHOOSING PRUDENTIAL FOR YOUR INSURANCE NEEDS

POLICY NUMBER: _____

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: 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).

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.

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. 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 examinations and tests required by the Company are completed and received at our Administrative Office.
4. 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. We mail 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. 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.

E. SIGNATURES

I have read this Limited Insurance Agreement including the Special Limitations in section D on page 2. 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: X _____ Date: ____ / ____ / ____
(Parent/Guardian when proposed insured age is less than 18)

➔ Signature of policyowner(s): X _____ 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: X _____ Date: ____ / ____ / ____



D. SPECIAL LIMITATIONS (CONTINUED FROM PAGE 1)

- 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 or fraudulent. If death is due to suicide or intentionally self-inflicted injury, while sane or insane, 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.

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.



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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 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. 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.



IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A *replacement* occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A *financed purchase* occurs when the purchase of a new life insurance policy involves 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.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. **(If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.)** Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate.

Applicant's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

If you are replacing an existing policy or contract, no later than 30 days after the new policy or annuity contract is delivered to you, you may return it to us or your agent and receive an unconditional full refund of all premiums paid on it, including any policy fees or charges, less the amount of any payment(s) we may have already made.

If you are returning a variable policy or annuity contract, you will receive the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations, less the amount of any payment(s) we may have already made.



A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?



Prudential

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

IMPORTANT NOTICE REGARDING REPLACEMENT

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

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

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You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. **(If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.)** Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate.

Applicant's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

If you are replacing an existing policy or contract, no later than 30 days after the new policy or annuity contract is delivered to you, you may return it to us or your agent and receive an unconditional full refund of all premiums paid on it, including any policy fees or charges, less the amount of any payment(s) we may have already made.

If you are returning a variable policy or annuity contract, you will receive the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations, less the amount of any payment(s) we may have already made.



Prudential

Prudential Insurance Company of America
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2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. **(If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.)** Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate.

Applicant's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

If you are replacing an existing policy or contract, no later than 30 days after the new policy or annuity contract is delivered to you, you may return it to us or your agent and receive an unconditional full refund of all premiums paid on it, including any policy fees or charges, less the amount of any payment(s) we may have already made.

If you are returning a variable policy or annuity contract, you will receive the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations, less the amount of any payment(s) we may have already made.



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.)

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 _____





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 empty rows for data entry.

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. Multiple empty rows for data entry.

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 _____