



PART 1

- Pruco Life Insurance Company
 - The Prudential Insurance Company of America
- Both are Prudential Financial companies.*
Corporate Offices, Newark, New Jersey

POLICY NUMBER (IF KNOWN): _____

A. PROPOSED INSURED (POLICY OWNER UNLESS SECTION D IS COMPLETED)

1. Name: _____
2. Previous name (if changed in the last 5 yrs.): _____
3. Social Security number: _____ 4. State of birth (Country if not U.S.): _____
5. Gender: Female Male 6. Date of birth: ____/____/____ 7. Date policy to Save Age? Yes No
8. Are you a permanent, legal US resident? Yes No
If No, provide country of legal residence, type and number of visa, expiration date and length of US residence :

9. Driver's license issuing state: _____ Number: _____ Expiration date: _____
If None, why not? :

10. Residence address (No PO boxes): Street _____ Apt _____
City _____ State _____ ZIP _____
11. e-mail address: _____
12. Home telephone number: _____ Business telephone number (ext.): _____
13. Current employer name: _____
Business address: Street _____ Suite _____
City _____ State _____ ZIP _____
14. Occupation: _____
Duties: _____
15. Earned annual income \$ _____ Unearned annual income \$ _____ Net worth \$ _____

B. PLAN OF INSURANCE

1. Amount of insurance applied for: \$ _____ **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.**
2. Product applied for:

<input type="checkbox"/> Term Essential®: <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30	<input type="checkbox"/> PruLife® Index Advantage (IAUL) Complete the IAUL Supplement.
<input type="checkbox"/> Term Elite®: <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30	<input type="checkbox"/> PruLife® Essential Universal Life (EUL)
<input type="checkbox"/> ROP Term: <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30	<input type="checkbox"/> PruLife® Universal Protector (UL Protector)
<input type="checkbox"/> PruLife® Custom Premier II (PCP II) Complete the Variable Supplement.	<input type="checkbox"/> VUL Protector SM (VULP) Complete the Variable Supplement.
<input type="checkbox"/> PruLife® Founders Plus (FPF) Complete the FPF Supplement.	<input type="checkbox"/> Other: _____
3. For **UL and VUL products only**: Death Benefit type: Type A (Level) Type B (Variable) – **N/A for UL Protector**
 Type C (Return of Premium) – **N/A for UL Protector & VULP.** – 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.):

<input type="checkbox"/> Waiver of Premium/Enhanced Disability Benefit	<input type="checkbox"/> Overloan Protection Rider
<input type="checkbox"/> Acceleration of Death Benefit (Living Needs Benefit)	<input type="checkbox"/> Child Rider Complete Child Rider Supplement.
<input type="checkbox"/> Accidental Death Benefit: Amount \$ _____	<input type="checkbox"/> Automatic Premium Loan
<input type="checkbox"/> BenefitAccess Rider Complete BenefitAccess Rider Supplement.	<input type="checkbox"/> Enhanced Cash Value Rider

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

Other Riders/Benefits (indicate amount where applicable): _____

C. 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: \$ _____



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

For multiple owners, details are to be listed in Special Requests, section H.

- 1. Name of owner: _____
- 2. Social Security/Tax identification number (SSN/TIN): _____
- 3. Residence address (No PO boxes): Street _____ Apt _____
City _____ State _____ ZIP _____
- 4. Owner's email address: _____

5a. For trust owner: **Complete the Trustee Statement and Agreement (COMB 86044).**

Trust date: ____ / ____ / ____

Trustee(s) _____

Type: Revocable Irrevocable Qualified Retirement Plan Trust Welfare Benefit Trust

5b. For business owner: **Complete the Business Supplement.**

Form: Corporation Partnership Sole proprietorship Other: _____
 S Corporation LLC Tax exempt

5c. 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: \$ _____

E. BENEFICIARY DETAILS

If insurance is for business purposes, also complete the Business Insurance Supplement. 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, please 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 only annuities to be replaced*, list all in force life insurance):

Insurance Company	Face Amount	Type	Product	To Be Replaced?* 1035 Exchange?			
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<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
_____	\$ _____	<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
_____	\$ _____	<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
_____	\$ _____	<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
_____	\$ _____	<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

*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.

- 4. Are you applying for or reinstating life insurance with any company? Yes No
If Yes, give company name, amount applied for and total amount to be placed, including this application :

- 5. Have you had life or health insurance declined, postponed, rated or issued with an increased premium? Yes No
If Yes, give company name, type of insurance, date, action taken and reason for action :

(CONTINUED)

F. INSURANCE HISTORY (CONTINUED)

6. 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 : _____

G. GENERAL INFORMATION

1. In the past five years, have you flown as a pilot, student pilot or crew member or do you intend to become a pilot? Yes No
2. In the past five years, have you participated in any activities such as motorized vehicle racing, SCUBA diving, mountain climbing, skydiving, extreme sports such as BASE jumping, bungee jumping or cave exploration, or do you intend to? Yes No

If Yes, to Question 1 or 2 above, complete the appropriate Supplement.

3. Have you ever used tobacco or any other nicotine products such as cigarettes, cigars, pipe, chewing tobacco, snuff, nicotine gum or nicotine patch? *If Yes, provide details :* Yes No

Product Type(s)	Date Last Used	Frequency of Use
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. In the past five years, have you:
a. had your driver's license denied, suspended or revoked? Yes No
b. been convicted of or pled guilty to driving under the influence of alcohol and/or drugs? Yes No
c. been convicted of or pled guilty to any moving violations? Yes No

5. Within the past 10 years, have you been arrested, convicted, or imprisoned for any crime and/or are you currently awaiting trial for any crime? Yes No

6. Will you live or travel outside the United States within the next 12 months? Yes No
Details required include location (city/country), frequency, duration and purpose of each trip.

7. Give complete details of any "Yes" answers for questions 4 – 6, including question number and appropriate details:
Question # Details

H. SPECIAL REQUESTS

PART 2

A. PERSONAL PHYSICIAN INFORMATION

Name _____
Address: Street _____ Suite _____
City _____ State _____ ZIP _____
Telephone number: (____) _____ Date last seen: _____
Reason last seen: _____

If more than one personal physician, provide details in section D number 6.

B. PHYSICAL MEASUREMENTS

1. Height: _____ feet _____ inches Weight: _____ pounds
2. Within the last 12 months, have you had a change of weight (gain or loss) of more than 10 pounds? Yes No
If Yes, provide details: _____

C. FAMILY HISTORY

1. Have any immediate family members (mother, father, brother, sister) been diagnosed with or died from coronary artery disease, cerebrovascular disease, diabetes or cancer before age 70? Yes No
If Yes, provide details including which member and medical condition, age at diagnosis, and age at death (if applicable):

2. **Father:** Current age _____ or Age at death: _____ **Mother:** Current age _____ or Age at death: _____

D. MEDICAL INFORMATION

1. Has a member of the medical profession ever treated you for or diagnosed you with:
a. high blood pressure, chest pain, a heart attack, coronary artery disease, a heart valve disorder, a heart murmur, an irregular heart beat, cerebrovascular disease, a stroke, circulatory disease, an aneurysm or any disease of the heart or blood vessels? Yes No
b. anemia or other abnormality of the blood (other than HIV)? Yes No
c. a polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma or Hodgkin's disease? Yes No
d. diabetes, high blood sugar, glucose intolerance or other endocrine disorder? Yes No
e. anxiety, depression, or any other mental or psychiatric illness? Yes No
f. an infection caused by the Human Immunodeficiency Virus (HIV) (**Not applicable in CA. In WI:** AIDS virus, HIV antibody testing is limited to FDA-licensed enzyme immunoassay and confirmatory HIV antibody tests. Any test performed at an anonymous counseling and testing site or home testing is confidential and need not be revealed on this application.), Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other sexually transmitted disease? Yes No
g. asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis or any other disorder of the lungs or respiratory system? Yes No
h. a seizure, epilepsy, multiple sclerosis, Parkinson's disease, muscular dystrophy, cerebral palsy, paralysis, Alzheimer's disease or any other disorder of the brain or nervous system? Yes No
i. an ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease or any other disorder of the esophagus, liver, stomach or intestines? Yes No
j. nephritis, polycystic kidney disease or any other disorder of the bladder, kidney, urinary tract or prostate? Yes No
k. arthritis, gout, back trouble, or any disease or disorder of the joints, muscles or bones? Yes No
l. lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system? Yes No
2. Have you ever used:
a. cocaine, crack, marijuana, heroin, Ecstasy, PCP, LSD, methamphetamine, any other hallucinogenic drug or controlled substance? Yes No
b. amphetamines, barbiturates, sedatives, opiates or methadone, or controlled substance except as prescribed by a physician? Yes No
3. Have you had or been advised to have treatment or counseling for alcohol or drug use or been asked to reduce or eliminate their usage? Yes No
4. Other than what has already been disclosed, within the past 5 years, have you:
a. requested or received disability or compensation benefits? Yes No
b. been a patient in a hospital or other medical facility, other than for normal childbirth? Yes No
c. had any other disease, disorder or condition? Yes No
d. been advised to have surgery, medical tests or diagnostic procedures (other than for HIV)? Yes No
5. Are you currently receiving medical treatment or taking any other medication or herbal supplement that has not already been disclosed? Yes No

AGREEMENTS

By signing this form, I have carefully reviewed the application including all supplements attached to the policy, and I agree to the following :

- To the best of my knowledge and belief, the statements in this application are complete, true and correctly recorded.
- Except for failure to pay premium, the validity of this policy will not be contested after it has been in force during the insured's lifetime for two years from the date it takes effect.
- If I have requested the Acceleration of Death Benefits (Living Needs Benefit), I have read the disclosures in the Living Needs Benefit brochure.
- My original signature has been affixed to this application, the original will be retained by the Company named at the beginning of this application ("Company"). The copies attached to the policy issued to me are identical in form and substance.
- Any policy issued on this application shall not take effect until after all of the following conditions are met:
 - A payment equal to the full first required premium is received by the Company within the lifetime of the proposed insured. A payment will only be considered to be received if one of the following valid items is received by the Company: (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.
 - The form of payment submitted is honored. If payment is made by credit/debit card, wire transfer or automatic bank draft, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.
 - A signed copy of this Application is received by the Company.
 - The Owner has personally received the policy during the lifetime of and while the health of the Proposed Insured is as stated in this application.
- Only an officer of the Company with the rank or title of Vice President may make or alter any contract or agree not to enforce any of the rights of the Company, and then only in writing. **No producer or medical examiner is authorized to accept risks, pass on insurability, make or alter contracts, or waive any of the other rights or requirements of the Company.** Notice to or knowledge imputed to any producer or medical examiner will not be notice of or knowledge to the Company unless it is set out in writing in this application.

FRAUD WARNING

(Not applicable in AZ.) Any person who knowingly:

- **HI, LA, NM, TN, VA and WA:** and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company may be subject to fines, denial of insurance benefits, or confinement in prison.
- **AL:** presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
- **CO:** and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company may have committed fraud, or may have violated state law. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
- **AR, DC and RI:** presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **OH:** and with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **PA:** and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- **All other states:** and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company may have committed fraud, or may have violated state law.

SIGNATURES

Owner's Tax Certification (check boxes **ONLY** if applicable):

Under penalties of perjury, I certify that the taxpayer identification number (TIN) I have listed on this form is my correct TIN. I further certify that I am a U.S. person (including resident alien), I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code, and I am not subject to FATCA reporting.

- I have been notified by the Internal Revenue Service that I am subject to backup withholding due to the underreporting of interest or dividends
- I am subject to FATCA reporting
- I am not a U.S. person (including resident alien). You must submit the applicable Form W-8 (BEN, BEN-E, ECI, EXP or IMY). In most cases, Form W-8BEN will be the appropriate form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signed at (STATE) _____ on (DATE) _____

→ Signature of proposed insured **X** _____

If policyowner is different from the proposed insured:

→ For a personal policyowner(s): Signature(s) of policyowner(s) **X** _____

For an entity policyowner(s) (i.e., trust, business):

Name of entity _____

→ Signature of officer/trustee(s) **X** _____

Title of officer/trustee(s) _____

→ Signature of producer **X** _____



PART 1

PROPOSED INSURED: _____

A. PURPOSE OF INSURANCE

Primary Purpose of Insurance (must choose one): (Supplemental riders/benefits such as BAR, do not qualify as a Primary Purpose of life insurance.)

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

Secondary Purpose of Insurance (must choose a Primary Purpose of Insurance above): BAR for Chronic/Terminal Illness

B. PRODUCER INFORMATION

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

PRODUCER #1 Split commission %: _____

Producer name: _____ GA name: _____
Producer contract number: _____ GA contract number: _____
Producer Social Security number: _____ GA Employer Identification Number: _____

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: _____

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: _____ Case manager e-mail: _____

C. CASE DETAILS

Who is responsible for the requirement ordering?

- Age and amount requirements: Prudential, Producer/GA
Preferred Exam Vendor: APPS, EMSI, 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
4. If you have never met, provide how 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. 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 primarily as a vehicle to provide for long term insurance needs and not primarily as an investment. Yes No



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 prospectus or CD 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;
- **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;
- **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 _____



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.



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 Inc, 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 and/or MIB Inc 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 Inc. 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)





Prudential

Pruco Life Insurance Company
The Prudential Insurance Company of America
Corporate Offices, Newark, New Jersey

**Notice and Consent for AIDS virus (HIV)
Antibody/Antigen Testing**

Policy Number: _____

To determine your insurability, we request that you provide a sample of your bodily fluid(s) for testing and analysis. All tests will be performed by a licensed laboratory.

The consent you give by signing this form authorizes us to collect your bodily fluid(s) and order laboratory tests only in regard to your present application for insurance.

Tests may be performed to determine the presence of antibodies to the Human Immunodeficiency Virus (HIV); the tests do not detect the presence of the AIDS virus. These tests include an enzyme-linked immunosorbent assay (ELISA) serologic test and the Western Blot Assay. Both of these tests have been approved by the Federal Food and Drug Administration, are extremely reliable and false positive reports are rare. If a person's initial ELISA test is positive, that test will be repeated. If the repeat ELISA also results in a positive report, the Western Blot Assay will be performed. A person will be considered to have the HIV antibodies present in his/her bodily fluids(s) only after positive results on two ELISA tests and a Western Blot.

All test results will be treated confidentially. They will be reported by the laboratory to us. When necessary for business reasons in connection with insurance you have or have applied for with us, we may disclose test results to others involved solely in the underwriting process such as its affiliates, reinsurers, employees or contractors. As a member of the Medical Information Bureau (MIB, Inc) and if the test results for HIV antibodies is other than normal, we will report to the MIB, Inc., a generic code which signifies only a non-specific test abnormality. If your HIV test is normal, no report will be made about it to the MIB, Inc. The organizations mentioned in this paragraph may maintain the test results in a file or data bank. The Insurer will make no other disclosure of the test results or even that tests have been done except as may be required or permitted by law or as authorized by you.

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to us as being other than normal, you are entitled to that information if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test results mean, you are asked to list your private physician so that we can have him or her tell you the test results and explain its meaning.

Name of physician for reporting a possible positive test result: _____

Address: _____

If you have not given written consent authorizing a physician to receive positive test results, you will be urged, at the time you are informed of the positive test results, to contact a private physician, the County Department of Health, the State Department of Health, local medical societies or alternative test sites for appropriate counseling (list on reverse of Proposed Insured's Copy).

Positive HIV antibody test results do not mean that you have AIDS, but that you are at significantly increased risk of developing AIDS or AIDS-related conditions. Federal authorities say that persons who are HIV antibody positive should be considered infected with the AIDS virus and capable of infecting others.

Positive HIV antibody or antigen results or other significant abnormalities will adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged or that other policy changes may be necessary.

Consent for Testing and Disclosure of Test Results

I have read and understand the Notice and Consent for AIDS virus (HIV) Antibody/Antigen Testing set forth above. I verify that the specimen(s) supplied by me are my blood, urine and/or oral fluid. I voluntarily consent to the withdrawal of my bodily fluid(s), the testing of the specimen(s) provided and the disclosure of the test results as described above. I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

Signature of Proposed Insured or Parent/Guardian _____ Date signed _____

Proposed Insured name _____

Address/City/State/ZIP _____

California AIDS Counseling Facilities

AIDS Project – East Bay

1755 Broadway
2nd Floor
Oakland, CA 94612
(510) 457-4022

AIDS Project – Los Angeles

3550 Wilshire Boulevard
Suite 300
Los Angeles, CA 90010
(213) 201-1388

**AIDS Service Foundation
of Orange County**

17982 Sky Park Circle
Suite J
Irvine, CA 92614
(949) 809-5700

ARIS Project

380 N. First Street
San Jose, CA 95112-4050
(408) 293-2747

San Diego AIDS Project

2440 Third Avenue
San Diego, CA 92101
(619) 235-6151

San Francisco AIDS Foundation

995 Market Street
Suite 200
San Francisco, CA 94103
(415) 487-3000

Central Valley AIDS Team

P. O. Box 4640
Fresno, CA 93744
(209) 264-2437

Sacramento AIDS Foundation

P. O. Box 161418
Sacramento, CA 95816
(916) 448-2437





Prudential

Pruco Life Insurance Company
The Prudential Insurance Company of America
Corporate Offices, Newark, New Jersey

Notice and Consent for AIDS virus (HIV) Antibody/Antigen Testing

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All test results will be treated confidentially. They will be reported by the laboratory to us. When necessary for business reasons in connection with insurance you have or have applied for with us, we may disclose test results to others involved solely in the underwriting process such as its affiliates, reinsurers, employees or contractors. As a member of the Medical Information Bureau (MIB, Inc) and if the test results for HIV antibodies is other than normal, we will report to the MIB, Inc., a generic code which signifies only a non-specific test abnormality. If your HIV test is normal, no report will be made about it to the MIB, Inc. The organizations mentioned in this paragraph may maintain the test results in a file or data bank. The Insurer will make no other disclosure of the test results or even that tests have been done except as may be required or permitted by law or as authorized by you.

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Address: _____

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Signature of Proposed Insured or Parent/Guardian _____ Date signed _____

Proposed Insured name _____

Address/City/State/ZIP _____

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1755 Broadway
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P. O. Box 4640
Fresno, CA 93744
(209) 264-2437

Sacramento AIDS Foundation

P. O. Box 161418
Sacramento, CA 95816
(916) 448-2437



Prudential

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

Authorization to Disclose Medical Information to General Agent or Broker

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 disclose any and all medical 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 physical examination or tests, electrocardiogram, chest X-ray and Attending Physician Statements.

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

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

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

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

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

Signature of Proposed Insured

Date





Prudential

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

For Life New Business only

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

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

CLIENT INFORMATION

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

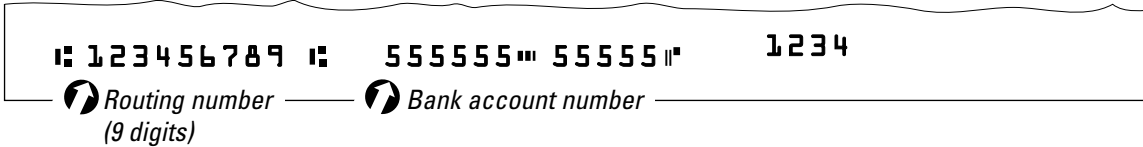
Policy number _____

INSTRUCTIONS

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

Please follow these steps:

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



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

1 INITIAL PREMIUM (E-PAY) INFORMATION

Account owner type: Individual Corporate Trust Other _____

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

Address _____

City/State/ZIP code _____

Bank Information

Account type: Savings Checking Withdrawal amount \$ _____

Name of financial institution _____ Telephone number _____

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

Copies provided to Home Office, Representative, and Applicant

ORD 114416 Ed. 8/2009



2 MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION

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

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

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

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

Account owner type: Individual Corporate Trust Other _____

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

Address _____

City/State/ZIP code _____

Bank Information

Account type: Savings Checking

Name of financial institution _____ Telephone number _____

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

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

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

For Initial Premium E-Pay

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

For Monthly EFT

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

For Initial Premium E-Pay or Monthly EFT

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

X _____

Account owner's signature

_____ Date (month/day/year)

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

ORD 114416 Ed. 8/2009

Page 2 of 2

Return this page to Prudential



This Disclosure provides a summary of the important features of the BenefitAccess Rider (“Rider”). It does not alter any of the Rider’s provisions. Eligibility and receipt of accelerated benefits provided by the Rider will be governed in full by the actual terms and provisions set forth in the Rider. Defined terms can be found at the end of this disclosure.

IMPORTANT NOTICE TO BUYER REGARDING ACCELERATED DEATH BENEFITS

The benefits provided by this accelerated death benefit are not intended to provide, and will never provide, long-term care insurance, nursing home insurance, or home care insurance. If you are interested in long-term care or nursing home or home care insurance, you should consult with an insurance agent licensed to sell that insurance, inquire with the insurance company offering the accelerated death benefits, or visit the California Department of Insurance Internet Web site (www.insurance.ca.gov) section regarding long-term care insurance.

Unless you request otherwise, the Rider shall be renewable for the life of the policy to which it is attached, provided the policy is in force and not past its last day of grace.

If you choose to accelerate a portion of your death benefit, doing so will reduce the amount that your beneficiary will receive upon your death.

Receipt of accelerated death benefits may be taxable. Prior to electing to buy the accelerated death benefit, you should seek assistance from a qualified tax advisor.

Receipt of accelerated death benefits may affect eligibility for public assistance programs, such as Medi-Cal or Medicaid. Prior to electing to buy the accelerated death benefit, you should consult with the appropriate social services agency concerning how receipt of accelerated death benefits may affect that eligibility.

The payment of the accelerated death benefit is not conditioned on the receipt of long-term care or medical services, and there are no restrictions or limitations on the use of the accelerated death benefit proceeds.

Exercise of an accelerated benefit option under the Rider will cause a reduction in, or elimination of, the contract’s death benefit, cash value and loan value. Premiums or charges needed to keep the contract in force will also be reduced based on the reduced death benefit.

The benefits paid under the Rider are intended to receive favorable tax treatment under the Internal Revenue Code Section 101 (g) (1). Accelerated benefit payments due to chronic illness are subject to limits imposed by the federal government and any amounts received in excess of these limits are includable in gross income. We advise you to seek the help of a professional tax advisor for assistance with any questions you may have.

1. When am I eligible for Benefit Payments?

TERMINAL ILLNESS OPTION

You are eligible to receive an accelerated benefit under this option when the following conditions have been met:

1. The contract must be in force and the Insured must be living; and
2. You must provide written certification by a licensed health care practitioner that the Insured’s life expectancy is 12 months or less.



CHRONIC ILLNESS OPTION

You are eligible to receive an accelerated benefit under the Chronic Illness Option when the following conditions have been met:

1. The contract must be in force and the Insured must be living;
2. We must receive proof that a licensed health care practitioner has certified, in writing, that the Insured is chronically ill and not expected to recover during the Insured's lifetime;
3. We must receive authorization from the Insured to obtain copies of any relevant medical records that we require; and
4. You must not have received a benefit payment under the Terminal Illness Option.

You may select your own licensed health care practitioner to certify that the Insured is chronically ill. We will send you a form that your licensed health care practitioner must complete and return to us. The certification must occur on or after the policy effective date.

An independent licensed health care practitioner shall certify that the Insured is chronically ill. If the Insured is not personally examined by a licensed health care practitioner and a determination is made that the Insured is not chronically ill, we will notify you of the right to obtain a second assessment by a licensed health care practitioner, upon request, who shall personally examine the Insured.

Prior to the end of each benefit year, we will send you a request for recertification, which you must complete and return to us prior to the start of the next benefit year, to satisfy us that the Insured continues to be eligible for benefit payment. If we do not receive recertification prior to the end of the benefit year, any subsequent benefits will be treated as a new claim.

2. What amount can I accelerate and what are the benefit payment options?

TERMINAL ILLNESS OPTION

You have the option to accelerate all or a partial amount of the death benefit. We reserve the right to set a minimum of no more than \$50,000 on the amount of the death benefit you may exercise under the Terminal Illness Option. If you accelerate a partial amount, the remaining death benefit must be no less than \$25,000, and you may only make one additional acceleration, which must be for the full death benefit. The only payment option is a single lump sum benefit payment which will be determined based on the following factors: (1) The amount of the death benefit; (2) The Insured's reduced life expectancy; and (3) An interest rate no greater than the greater of (a) the yield on 90-day Federal Treasury bills at the time the benefit is accelerated, and (b) the statutory maximum policy loan interest rate at the time the benefit is accelerated. Payment will be made when we receive written certification that the Insured is terminally ill and we have approved the claim.

Once you have exercised the Terminal Illness Option, whether you have accelerated all or only a part of the death benefit, you will no longer be eligible for the Chronic Illness Option. If you are receiving benefit payments under the Chronic Illness Option when you choose to exercise the Terminal Illness Option, any benefit payments you may be receiving under the Chronic Illness Option will end. If you have been receiving benefit payments under the Chronic Illness Option, the death benefit amount that we use to determine your payment under the Terminal Illness Option will be the reduced death benefit as described in the Rider.

CHRONIC ILLNESS OPTION

The maximum amount of your life insurance that can be accelerated is the lifetime benefit amount, which is equal to the policy's death benefit. The maximum lifetime benefit amount will be determined at the time you make the initial claim. The lifetime benefit amount will be reduced by any transactions you make that reduce the death benefit of the policy.

You have the option to receive your benefit payments monthly, annually, or as a single lump-sum of the entire death benefit. Payments will begin no later than the monthly date on or following the date the claim is approved.

If you choose to receive monthly benefit payments, the maximum monthly benefit payment for that year will be calculated at the beginning of each benefit year and recalculated at the beginning of each subsequent benefit year. Subject to a minimum payment of \$500, you have the option to receive less than the maximum monthly benefit payment amount, but the amount may not be changed during the benefit year. An amount that is less than the maximum may extend your payment period.

Payment of the accelerated death benefit is due immediately upon receipt of due written proof of eligibility. Benefit payments will continue to be made until the earliest of the following dates: (1) the date we receive notification that you wish to discontinue benefit payments; (2) the date the Insured no longer meets the eligibility requirements, including recertification; (3) the date the lifetime benefit amount is exhausted; (4) the date a claim is approved under the Terminal Illness Option; or (5) the Rider terminates.

The Rider terminates when you request that we remove it, the grace period ends if the contract is in default, the Insured dies; or the Rider or contract ends for any other reason. When the Rider is terminated, or you request that we stop benefit payments after a claim has been made, the policy may still be in force. Your death benefit and policy values will have been reduced as a result of any payments made prior to the date we stop payments or the Rider terminates. If you request that we discontinue benefit payments, you will have the option to resume payments at a later date, if you meet all eligibility requirements and the lifetime benefit amount has not been exhausted.

If you choose to receive your benefit payments on an annual basis, the annual benefit payment will equal the sum of the present value of each maximum monthly benefit payment for the benefit year.

If the policy is in default but not past the grace period at the time of claim, the first benefit payment will be reduced by the amount needed to bring the contract out of default (see Default). If the amount needed to bring the policy out of default is more than the amount of the first benefit payment net of the amount allocated to reduce any policy loan, the first benefit payment will be increased to an amount that will bring the policy out of default.

If you choose to receive your benefit payment in a single lump-sum, the payment will equal the product of the death benefit amount multiplied by the discount factor, but will never be less than the contract fund minus any contract debt. The discount factor will be based on the Insured's life expectancy at the time the payment is made and an interest rate not to exceed the greater of: (1) the current yield on 90-day Federal Treasury bills; and (2) the current maximum statutory adjustable policy loan interest rate. If you choose this option, any amount received over IRS limits generally will be taxable (see Notice on page 1 of this disclosure).

If you choose to exercise the Terminal Illness Option, whether for a partial or a full acceleration, after you have begun receiving benefit payments under the Chronic Illness Option, any benefit payments you may be receiving under the Chronic Illness Option will end. We will use the reduced basic insurance amount as described above to determine the accelerated payment amount under the Terminal Illness Option.

Under either the Terminal Illness Option or the Chronic Illness Option, if there is an outstanding loan on the contract, a portion of each benefit payment will be used to reduce the loan.

3. What are the Rider Charges?

TERMINAL ILLNESS OPTION

There is no monthly charge. However, when we make a benefit payment under this option, we will deduct a processing charge of up to \$150.

CHRONIC ILLNESS OPTION

Each month, we will deduct a charge for the chronic illness coverage of this Rider from the contract fund and, if your contract includes the Rider To Provide Lapse Protection, from the no-lapse contract fund. The monthly charge is equal to the product of the factors A, B, and C, where: (A) Equals the cost of insurance rate per \$1,000 for this Rider; (B) Equals the Benefit Size Discount Factor; and (C) Equals the Rider amount at risk (equals the lifetime benefit amount minus the contract fund) divided by \$1,000.

If your contract includes the Rider To Provide Lapse Protection, the monthly charge for the Rider will be deducted from the no-lapse contract fund using the no-lapse amount at risk (which equals the no-lapse death benefit minus the no-lapse contract fund), the Benefit Size Discount Factor, and the no-lapse cost of insurance charges for this rider.

Under either the Terminal Illness Option or the Chronic Illness Option, all Rider charges will end if the contract to which this Rider is attached ends, you request that we remove the Rider, an acceleration of death benefit is made due to terminal illness, or the Insured dies.

4. How will accelerations under the TERMINAL ILLNESS OPTION impact my contract and riders?

- A one-time acceleration of a partial amount of the death benefit results in the following:
 - a. A proportionate reduction in the basic insurance amount, contract fund, surrender charge, no-lapse contract fund and contract debt;
 - b. Premiums or charges to keep the policy in force will be recalculated based on the Insured's age and the reduced death benefit amount;
 - c. If your contract includes the Rider To Provide Lapse Protection or the Rider for Level Term Insurance Benefit on Dependent Children, these riders will stay in effect; and
 - d. Any accidental death benefit rider on the contract will not be affected.

- Acceleration of the full death benefit results in the following:
 - a. The policy and all benefits under the contract based on the Insured's life, including any accidental death benefit rider, will end; and
 - b. If your contract includes the Rider for Level Term Insurance Benefit on Dependent Children, it will become paid up.

Shown below is an **example** of how an accelerated benefit under the Terminal Illness Option will impact the Policy. The figures used are for illustrative purposes only and are not guaranteed.

Sex & Issue Age:	Male 45	Rating:	Preferred Best
Policy Date:	12/20/2013	Claim Date:	12/20/2023
Basic Insurance Amount:	\$200,000	Death Benefit Option:	Level (Type A)

**Contract Values as of 12/20/2023 before
Acceleration of Death Benefit:**

**Contract Values as of 12/20/2023 after
Acceleration of Death Benefit:**

		100% of Death Benefit	50% of Death Benefit
<i>Terminal Illness Benefit payable:</i>		\$183,995	\$ 91,923
Basic Insurance Amount:	\$200,000	\$ 0.00	\$100,000
Loan Balance:	\$ 1,040	\$ 0.00	\$ 520
Death Benefit:	\$198,960	\$ 0.00	\$ 99,480
Contract Fund:	\$ 12,200	\$ 0.00	\$ 6,100
Surrender Charge:	\$ 860	\$ 0.00	\$ 430
Cash Value:	\$ 11,340	\$ 0.00	\$ 5,670
Net Cash Value:	\$ 10,300	\$ 0.00	\$ 5,150
Annual Premium:	\$ 1,588	\$ 0.00	\$ 857

A twelve-month discount at an annual rate of 8% has been applied for early payment along with a processing charge of \$150.

5. How will accelerations under the CHRONIC ILLNESS OPTION impact my contract and riders?

Accelerating the death benefit under this option will impact the benefits and values under the policy and Rider as shown below based on the following information and the **example** for a requested maximum monthly benefit payment. The figures used are for illustrative purposes and are not guaranteed.

Sex & Issue Age:	Male 45	Rating:	Preferred Best
Policy Date:	07/04/2013	Claim Date:	10/04/2016
Basic Insurance Amount:	\$500,000	Death Benefit Option:	Level (Type A)
		Lifetime Benefit Amount:	\$500,000

Maximum Monthly Benefit Payment calculated at the beginning of each year using the Internal Revenue Service’s (IRS) per diem limitation and your lifetime benefit amount, is equal to the **lowest** of:

1. The lifetime benefit amount multiplied by the Monthly Benefit Percent (2%): $\$500,000 \times 0.02 = \mathbf{\$10,000}$;
2. Per diem limitation in effect at the start date of the current benefit year times 30 (Example $\$320 \times 30 = \mathbf{\$9,600}$); and
3. Initial Daily Benefit Limit compounded annually on each anniversary at the Daily Benefit Limit Compound Rate times 30. This limit on the policy date was \$320, increased annually on each succeeding policy anniversary by the daily benefit limit compound rate, resulting in a current daily benefit limit in policy year 4 of \$359.96: $\$359.96 \times 30 = \mathbf{\$10,798.80}$.

The Monthly Benefit Percent, Initial Daily Benefit Limit and the Daily Benefit Limit Compound Rate can be found in the policy.

Following each benefit payment while there is a death benefit remaining, benefits and values under the policy and Rider will be impacted as follows:

- a. The policy will remain in force in accordance with policy terms, with a proportionate reduction (using the reduction factor) in the basic insurance amount, contract fund, surrender charges, no-lapse contract fund (if applicable), and any outstanding loan;
- b. Any accidental death benefit rider on the contract will not be affected;
- c. If your contract includes the Rider To Provide Lapse Protection or the Rider for Level Term Insurance Benefit on Dependent Children, these riders will stay in effect;
- d. You may not take a withdrawal or decrease the policy’s basic insurance amount;
- e. You may continue to make premium payments but it is not necessary while you are receiving benefits;
- f. The monthly charge for the Rider will be permanently waived following approval of the initial claim; and
- g. While you are receiving benefit payments, all monthly charges deducted from the contract fund and no-lapse contract fund, if applicable, will be waived in order to prevent the policy from going into default. We will do so until you notify us to discontinue benefit payments, the Insured fails to recertify, or the Rider terminates. Once you have received 25 monthly benefit payments or the annual equivalent, all monthly charges for the contract will be permanently waived as long as this Rider is in effect.

The reduction factor equals 1 minus the quotient of the gross chronic illness benefit payment divided by the death benefit prior to payment): $1 - (9,600/500,000) = 1 - 0.0192 = 0.9808$

In this example, the Chronic Illness Benefit payable is equal to the Maximum Monthly Benefit Payment minus the loan payment. ($\$9,600 - \$20 = \$9,580$)

	Contract Values as of 10/04/2016 <i>before</i>	Contract Values as of 10/04/2016 <i>after</i>
	Acceleration of Death Benefit:	Acceleration of Death Benefit:
<i>Chronic Illness Benefit payable:</i>	N/A	\$ 9,580
Basic Insurance Amount:	\$500,000	\$490,400 (500,000x0.9808)
Loan Balance:	\$ 1,040	\$ 1,020 (1,040x0.9808)
Death Benefit:	\$498,960	\$489,380
Contract Fund:	\$ 20,000	\$ 19,616 (20,000x0.9808)
Surrender Charge:	\$ 3,350	\$ 3,286 (3,350x0.9808)
Cash Value:	\$ 16,650	\$ 16,330
Net Cash Value:	\$ 15,610	\$ 15,310
Annual Premium:	\$ 3,816	\$ 3,738

After we approve a claim and before benefit payments are made, the type of death benefit for the policy must be a Type A death benefit (see Death Benefit Provisions in your policy). The type of death benefit is shown in the contract data pages of your policy. If your policy has a Type B or Type C death benefit, the policy will be changed to a Type A death benefit. Before benefit payments are made, the basic insurance amount of your policy will be changed to equal to the Type A death benefit. While benefit payments are being made, the type of death benefit must continue as a Type A death benefit.

When you receive monthly benefit payments the remaining amount that can be accelerated will be reduced each month by the amount of the monthly benefit payment. An annual benefit payment will reduce the remaining amount by twelve times the maximum monthly benefit payment amount for that benefit year.

After an acceleration of the lifetime benefit amount, any Rider for Level Term Insurance Benefit on Dependent Children will become paid up and any benefits under the contract based on the Insured's life, including any accidental death benefit rider will end.

6. DEFINITIONS

Accelerated Benefit - the advance payment of some or all of the death proceeds payable under a life insurance policy when the Insured meets certain eligibility criteria.

Activities of Daily Living include the following activities:

1. **Bathing** - which means washing oneself by sponge bath or in either a tub or shower, including the act of getting into or out of a tub or shower.
2. **Continence** - which means the ability to maintain control of bowel or bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.
3. **Dressing** - which means putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating** - which means feeding oneself by getting food into the body from a receptacle, such as a plate, cup, or table or by feeding tube or intravenously.
5. **Toileting** - which means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring** - which means the ability to move into or out of a bed, chair or wheelchair.

Benefit Payment - the periodic or lump sum payment of the accelerated benefit under the Rider.

Benefit Year - a period of twelve months that begins on the monthly date on or following the date you have satisfied all conditions for eligibility, including written recertification. Subsequent benefit years will begin no earlier than the end of the current benefit year.

Benefit Size Discount Factor - a discount factor applied to policies with high death benefits. The benefit size discount factor can be found in the contract data pages of the policy.

Chronically Ill - means the Insured has been certified by a licensed health care practitioner as being unable to perform (without substantial assistance from another individual) at least two activities of daily living for a period of at least ninety days due to a loss of functional capacity, or requiring substantial supervision for protection from threats to health and safety due to severe cognitive impairment. A chronically ill person is not expected to recover from his or her chronic illness.

Initial Daily Benefit Limit - the per diem limitation in effect on the contract date.

Insured - the person named as the Insured on the first page of the contract. He or she need not be the owner.

Licensed Health Care Practitioner - a physician, registered nurse, licensed social worker, or other individual whom the United States Secretary of the Treasury may prescribe by regulation. May not be the Insured, the policyowner, the Insured's or policyowner's (if different than Insured) spouse or domestic partner and their children, stepchildren, brothers, sisters, and their respective spouses or domestic partners and children; parents or grandparents of either the Insured or policyowner or the Insured's or policyowner's spouse or domestic partner and their children, stepchildren, brothers, sisters, and their respective spouses or domestic partners and children.

Lifetime Benefit Amount - the maximum amount that can be accelerated during the lifetime of the Insured under the Chronic Illness Option of the Rider. For purposes of benefit payments, it is fixed at time of initial claim.

Maximum Monthly Benefit Payment - the maximum amount that may be paid to you on a monthly basis once a claim has been approved. This payment amount will be recalculated at the beginning of every benefit year.

Monthly Date - the contract date and the same day as the contract date in each later month.

Per Diem Limitation - a maximum allowable amount declared annually by the Internal Revenue Service for chronic illness payments under section 7702B of the Internal Revenue Code.

Recertification - means written documentation completed by a licensed health care practitioner, certifying that the Insured continues to be chronically ill. Recertification must be received prior to the start of each benefit year following the initial benefit year in order for you to continue receiving benefit payments under the Chronic Illness Option.

Severe Cognitive Impairment - means a loss or deterioration in intellectual capacity that is (a) comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia, and (b) measured by clinical evidence and standardized tests that reliably measure impairment in the individual's (i) short-term or long-term memory, (ii) orientation as to people, places, or time, and (iii) deductive or abstract reasoning.

Substantial Assistance - means hands-on assistance and standby assistance. Hands-on assistance means the physical assistance of another person without which the individual would be unable to perform the activity of daily living. Standby assistance means the presence of another person within arm's reach of the individual that is necessary to prevent, by physical intervention, injury to the individual while the individual is performing the activity of daily living (such as being ready to catch the individual if the individual falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the individual's throat if the individual chokes while eating).

Substantial Supervision - means continual supervision (which may include cuing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired individual from threats to his or her health or safety (such as may result from wandering).

Terminally Ill - means the Insured has a medical condition that is reasonably expected to result in the Insured's death within 12 months or less.

Written Certification - means written documentation completed by a licensed health care practitioner, certifying that the Insured is terminally ill or chronically ill as defined in the Rider.

7. Comparison of BenefitAccess Rider and Long Term Care Insurance

(1) *The difference between the benefits afforded to an insured through an accelerated death benefit and a Long-Term Care insurance policy or rider:*

BenefitAccess Rider is an accelerated death benefit rider, which provides for acceleration of all or part of the death benefit of the life insurance policy, subject to the conditions in the rider. Long-Term Care insurance is primarily designed to provide coverage for qualified Long-Term Care expenses, subject to the conditions in the contract. Long-Term Care costs may include services rendered in your home, a nursing home, assisted living facility or adult day care. While BenefitAccess Rider and Long Term Care insurance policies both provide benefits for similar conditions, BenefitAccess Rider is not intended to provide, and will never provide, Long-Term Care insurance and should not be used to replace Long Term Care insurance.

(2) *The difference between benefit eligibility:*

In order to be eligible for chronic illness benefits under BenefitAccess Rider, an insured must be certified by a licensed health care practitioner as chronically ill and not expected to recover from the chronic illness condition. In order to be eligible for Long-Term Care Insurance benefits, an insured must be certified by a licensed health care practitioner as chronically ill but there is generally no requirement that the condition is expected to last the rest of the insured's life. A chronically ill individual is unable to perform 2 of 6 Activities of Daily Living (ADLs) for a period of at least 90 days or is severely cognitively impaired. Non-tax qualified long term care contracts will include ambulating as a 7th ADL. BenefitAccess Rider also provides a benefit if the insured is certified by a licensed health care practitioner as terminally ill.

(3) *Whether or not an elimination period applies to either an Accelerated Death Benefit or Long-Term Care insurance as well as a description of what an elimination period is:*

BenefitAccess Rider does not have an elimination or waiting period therefore policy owners are eligible to receive benefits immediately upon approval of their claim. Many Long-Term Care insurance policies have a provision which requires the client to satisfy a benefit waiting period or elimination period such as 90 or 100 days prior to being eligible to receive benefits.

(4) The benefits under the Accelerated Death Benefit or Long-Term Care insurance if protection is never needed:

If an acceleration of death benefits is not exercised under BenefitAccess Rider, there is no impact on the policy values and the full death benefit will be payable upon the death of the insured as described in the policy. If the insured never qualifies for Long-Term Care benefits, a Long-Term Care policy will generally not provide any long-term care benefit, however policies are required to include a nonforfeiture benefit and may provide other optional benefits upon death or lapse.

(5) The benefits under the Accelerated Death Benefit or Long-Term Care insurance if protection is needed:

Under BenefitAccess Rider, benefits are payable without regard to expenses incurred. Long-Term Care insurance policies pay benefits either on an indemnity or expense reimbursement basis, and generally require evidence that the insured has incurred expenses for qualified Long-Term Care services in order to be eligible for benefits. The amount payable to the insured under a Long-Term Care insurance policy may depend on the type of qualified Long-Term Care expenses incurred by the client. Under a Long-Term Care policy, benefits may be payable for the rest of the Insured's life or for a period certain as specified in the contract.

(6) Restrictions on benefit amounts:

BenefitAccess Rider can provide total benefit payments up to the policy's basic insurance amount for the chronic illness option. The maximum benefit amount may not be sufficient to cover all the costs associated with an insured's chronic illness. The maximum monthly benefit payable under the chronic illness option is subject to limits. Under the terminal illness option, the benefit payment will be based on the amount of death benefit, insured's reduced life expectancy, and an interest rate that is the greater of the yield on 90-day Federal Treasury Bills and the statutory maximum policy loan interest rate. The payment of an accelerated death benefit is not conditioned on the receipt of long-term care or medical services, and there are no restrictions or limitations on the use of the accelerated death benefit proceeds in the rider. A Long-Term Care policy may have a specified lifetime maximum benefit, or it may have an unlimited lifetime maximum benefit. A Long-Term Care policy may include certain exclusions or other restrictions on benefits.

(7) Income and death benefit considerations and tax treatment of benefits:

Exercising an accelerated benefit under the rider will cause a reduction in, or elimination of, the policy's death benefit, cash value and/or loan value. A Long-Term Care policy will generally not provide a death benefit at all, so payment of a claim would have no bearing on a death benefit payable.

The benefits paid under BenefitAccess Rider are intended to be treated as accelerated death benefits under the Internal Revenue Code Section 101 (g)(1), which generally treats accelerated death benefits received under a life insurance contract on the life of a terminally ill or chronically ill individual as tax-free benefits. Accelerated benefit payments due to chronic illness are subject to limits imposed by the federal government and any amounts received in excess of these limits are includible in gross income. BenefitAccess Rider is not intended to be a qualified long term care insurance contract under section 7702B of the Internal Revenue Code nor is it intended to eliminate the need for insurance of this type. A Qualified Long-Term Care policy is treated as an accident and health insurance contract under the requirements in section 7702B of the Internal Revenue Code. Amounts received under a qualified long-term care insurance contract are generally treated as amounts received for personal injuries and sickness and shall be treated as reimbursement for expenses actually incurred for medical care. Some or all of the premiums for these federally tax qualified policies may be deductible as a medical expense on your federal and California income tax returns (depending on your age and the amount of annual premium). If an individual is receiving benefits from multiple policies which offer accelerated death benefits and/or Long-Term Care benefits, the IRS will consider benefits received on an aggregate basis to determine tax treatment. You should consult a tax advisor for assistance with any questions on tax treatment of accelerated death benefits or Long-Term Care insurance.

There may be other differences between BenefitAccess Rider, any other accelerated death benefit rider (which may have different features from BenefitAccess Rider), and any specific Long-Term Care insurance policy that you may be considering. You should carefully review the specific details of each, including differences in what is covered and what is not, before making any decision to purchase. You should discuss with your representative how BenefitAccess Rider or a Long-Term Care policy could meet your income or death benefit needs.



Prudential

Pruco Life Insurance Company
a Prudential Financial company

**ACCELERATED DEATH
BENEFIT DISCLOSURE**
(BenefitAccess Rider)

POLICY NUMBER (IF KNOWN) _____

PROPOSED INSURED: _____

ACKNOWLEDGEMENT

Producer's Statement

I acknowledge that the Disclosure for the Rider to Provide Acceleration of Death Benefit was provided to the policy owner(s) prior to or concurrently with the application for life insurance for the proposed Insured.

Signature of Producer: _____ Date Signed _____

Policyowner(s) Acknowledgement:

I confirm that I have read and received a copy of the Disclosure for the Rider to Provide Acceleration of Death Benefit (ORD 115182-2015) and I understand the provisions explaining the following:

- **There is a monthly charge for chronic illness coverage that is deducted from the contract fund. That monthly charge will be permanently waived following approval of the initial chronic illness claim. There is no monthly charge for the terminal illness coverage. If I accelerate a death benefit and receive benefit payments under the terminal illness option, a processing charge will be deducted and any charges for the Rider, including the monthly charge for chronic illness coverage, will end.**
- **Exercise of an accelerated benefit option under the Rider will cause a reduction in, or elimination of, the contract's death benefit, cash value and loan value. Premiums or charges needed to keep the contract in force will also be reduced based on the reduced death benefit.**
- **Any benefit I receive under the Rider may impact my eligibility for Medicaid or other government benefits.**
- **Any accelerated benefits paid under the Rider may be taxable as income and I am advised to seek the help of a professional tax advisor if I have any questions.**

Signature of Policyowner: _____ Date Signed _____

Signature of Policyowner: _____ Date Signed _____

Signature of Policyowner: _____ Date Signed _____

Signature of Policyowner: _____ Date Signed _____





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

This Disclosure provides important information about how this product works. It does not alter any of the Policy provisions. The benefits provided by the Policy will be governed in full by the actual terms and provisions set forth in the Policy.

PruLife® Founders Plus UL is a universal life insurance product that offers the opportunity to earn index-linked interest through two different Plus Accounts. Each Plus Account earns interest credits based in part on the performance of the S&P 500® Index (subject to a participation rate, cap, and floor). It is important that you understand how the Plus Accounts function as well as the differences between the various account options.

Note: The S&P 500® Index Values used in Plus Account calculations are exclusive of dividends. **Although each Plus Account provides interest linked to the S&P 500® Index, money placed in a Plus Account segment is not a direct investment in the S&P 500® Index.**

1. KEY TERMS

Account Selection: The policy offers you a choice between either the Fixed Account or one of two Plus Accounts, Plus 50 or Plus 100. You must select one account and cannot split among them. The Account option you select determines the methodology used to determine the amount of interest, if any, applied to the Contract Fund.

Fixed Account: This is the account into which all net premiums and loan repayments are initially applied. It is the source of all funds transferred to either Plus Account and the destination of all transfers from matured Plus Account Segments. Amounts in the Fixed Account earn interest, credited daily, at the guaranteed minimum rate of 2.5% per year, plus any excess interest at a rate periodically declared by the Company.

Plus Accounts: Each Plus Account offers the opportunity to earn both Basic Interest and Index Interest. Amounts in a Plus Account earn Basic Interest, credited daily, at a rate equivalent to the annual rate that would have been credited if these amounts had been in the Fixed Account, less the Basic Interest Adjustment Percentage for that Plus Account (Plus 50: 2.5% / Plus 100: 5%). The Basic Interest rate is guaranteed to never be less than 0%. In addition, Index Interest, if any, will be credited at segment maturity based on the segment's Average Daily Segment Value, the S&P 500® Index Values, and the Participation Rate, Index Growth Cap, and Index Growth Floor associated with that segment. The Index Growth Rate for segments in both Plus Accounts is guaranteed never to be less than zero, even if the S&P 500® Index has a negative return during the one year segment duration. The Index Interest is based on the S&P 500® Index (which excludes dividends).

Plus Account Segment: Whenever a transfer is made from the Fixed Account to either Plus Account, a new Plus Account Segment is created. The effective date of the transfer is the segment's start date. The segment has a specified duration of one year, and once the duration has elapsed, the segment matures on its segment maturity date.

Transfers: All net premiums, loan repayments, reinstatement payments and the value from maturing Plus Account Segments are initially allocated to the Fixed Account.

- If your current account selection is the Fixed Account, these amounts will stay in the Fixed Account.
- If your current account selection is one of the Plus Accounts, amounts in the Fixed Account will be transferred into a new Plus Account Segment. These transfers from the Fixed Account to the selected Plus Account take place as of the Transfer Date.

No Plus Account Segments are created during the first 10 calendar days after you receive the policy. Prudential reserves the right to delay transfer of payments received later than two business days prior to a Transfer Date to the following Transfer Date.

Designated Transfer Amount: The policy allows you to set a specific dollar amount to be transferred, along with the value of any maturing Plus Account segments, from the Fixed Account to a Plus Account on each monthly transfer date. If less than this amount is available for transfer, then the full value of the Fixed Account will be transferred.

(CONTINUED)



1. KEY TERMS (CONTINUED)

Transfer Date: The Transfer Date is the 15th day of each month. If the 15th falls on a weekend or holiday, the transfer will be processed on the next business day, but we will use the last published index value preceding the Transfer Date. For Example, October 15, 2016 falls on a Saturday, therefore, the transfer to the index segment would process on Monday, October 17, 2016. Similarly, when the Index Interest is credited in October of 2017, it would be based on the closing index values from Friday, October 14, 2016 and Friday, October 13, 2017 since October 15, 2017 falls on a Sunday.

Index Value: This is the published value of the S&P 500® Index for any business day, as of the close of business on that day. Index Values do not include dividends paid by firms included in the index. The Index Values as of a segment's start and maturity dates are factors used when determining whether Index Interest will be credited to the Contract Fund. If there is no published closing value for the index on a given date, the last published index value preceding that date will be used.

Participation Rate: The Participation Rate is the percent of the gain (if any) in the Index Value that is used to calculate Index Interest subject to the Index Growth Cap and Floor. The Plus 50 account has a guaranteed minimum and current participation rate of 50%, and the Plus 100 account has a guaranteed minimum and current participation rate of 100%. Participation Rates for new segments in either Plus Account may change, but they will never be lower than the guaranteed minimum participation rate for that Plus Account. Once a Plus Account Segment is created, its Participation Rate will not change.

Index Growth Cap: The Index Growth Cap is the maximum rate of Index Interest that can be credited on a given Plus Account Segment. When calculating the Index Growth Rate, the Index Growth Cap is applied after the Participation Rate. The current growth cap rate for a Plus Account Segment is determined in advance. It may be raised or lowered Prudential's discretion before the segment is created, but will never be lower than the guaranteed minimum Index Growth Cap stated in the policy (3% for both Plus 50 and Plus 100). The Index Growth Cap for Plus 100 segments at any given time will generally be higher than that for Plus 50 segments. Once a Plus Account Segment is created, its Index Growth Cap will not change.

Index Growth Floor: The Index Growth Floor is the minimum rate of interest that will be applied to a particular Plus Account Segment. The guaranteed and current Index Growth Floor rate is 0% for both the Plus 50 and Plus 100 accounts. Index Growth Floors for new Plus Account Segments may change, but they will never be lower than 0%. Once a Plus Account Segment is created, its Index Growth Floor will not change. The floor is not a guarantee against loss as the deduction of charges and expenses could reduce the overall cash value of the policy, see the section on insurance charges for additional information

Changes to the Participation Rate, Index Growth Cap, and Index Growth Floor for each Plus Account are not tied to the performance of the S&P 500® Index. Note that the most current Participation Rate, Cap, and Floor for each account can be found on

www.prudential.com/universallife or obtained by contacting your financial advisor or our customer service office at (800) 778-2255, Monday through Friday, 8:00 a.m. to 8:00 p.m., Eastern Standard Time. If you are using a telecommunications device for the hearing impaired, please call at (800) 778-8633, Monday through Friday, 8:00 a.m. to 6:00 p.m., Eastern Standard Time.

Index Growth Rate: The Index Growth Rate equals: (a) divided by (b), minus 1, then times (c), but not less than (d) and not greater than (e), where:

- (a) = the Index Value on the Segment Maturity Date
- (b) = the Index Value on the Segment Start Date
- (c) = the Participation Rate
- (d) = the Index Growth Floor
- (e) = the Index Growth Cap

Average Daily Segment Value (ADSV): When a Plus Account Segment matures, the ADSV is used along with the Index Growth Rate to calculate any Index Interest. The ADSV is equal to the amount allocated to the Plus Account Segment on the segment start date less a prorated portion of the amounts withdrawn or deducted during the segment duration. The prorating is based on the number of calendar days from the withdrawal or deduction transaction's effective date to the segment maturity date divided by the number of calendar days from the segment start date to the segment maturity date. The prorating takes into account that a withdrawal or deduction occurring shortly after the segment is created has more of an impact on the ADSV than a withdrawal or deduction occurring near the end of the segment duration.

(CONTINUED)

2. PREMIUMS AND CHARGES

What happens when I pay a premium, make a withdrawal, or take out a loan?

When you pay premiums, a portion of each payment is used to pay administrative and sales charges; what's left, called the net premium, is applied to the Policy's Account Value, which is also known as the Contract Fund. As monthly charges come due, they are then deducted from the Contract Fund. Monthly charges cover the cost of insurance, monthly administrative charges, and the cost of any optional riders and benefits you choose. When we make these deductions, we will first reduce the Fixed Account portion of the Contract Fund, if any, and then we will reduce the most recently created Plus Account Segments. We will use this same order of deduction for loans, withdrawals, and any associated charges such as partial surrender charges.

3. CHANGING ACCOUNT SELECTION

How do I change my Account Selection?

After the Policy is issued and as long as it remains in effect, you have the option to change your Account Selection (subject to the terms and conditions of the Policy). If you change your account selection to either Plus Account, funds in the Fixed Account will be transferred to the selected account on the next available transfer date. Funds in active Plus Account segments will transfer to the account selected upon reaching their segment maturity date. If you change your account selection to the Fixed Account, funds in active Plus Account segments will transfer to the Fixed Account upon reaching their segment maturity date.

You may change or discontinue a Designated Transfer Amount election. Any changes will take effect on the next available transfer date. If you elect a Plus Account and choose not to use or choose to discontinue using the Designated Transfer Amount feature, then the full Fixed Account value will be transferred on each Transfer Date.

You may change your Account Selection by submitting a Request for Change of Allocation or Account Selection Instructions (Form 115268). This form is available through our customer service office at (800) 778-2255, Monday through Friday, 8:00 a.m. to 8:00 p.m., Eastern Standard Time. If you are using a telecommunications device for the hearing impaired, please call at (800) 778-8633, Monday through Friday, 8:00 a.m. to 6:00 p.m., Eastern time. One of our customer service representatives will be happy to help you.

Prudential reserves the right to delay changes in Account Selection received later than two business days prior to a Transfer Date until the following Transfer Date.

4. PLUS ACCOUNT INDEX INTEREST

How is Index Interest calculated for Plus Account segments?

Any Index Interest is credited to a Plus Account Segment on its Segment Maturity Date (assuming the policy remains in force on that date). Index Interest equals the Index Growth Rate multiplied by the segment's Average Daily Segment Value.

Index Interest Calculation Example

These examples demonstrate how to calculate the Index Interest that will be credited (if any) to a Plus Account Segment on the Segment's Maturity Date. All values and rates in the examples (unless guaranteed) are hypothetical and do not attempt to predict or reflect actual results. For instance, the examples use an Index Growth Cap that may be more or less than the actual Index Growth Cap for any particular Plus Account Segment and are not intended to predict or reflect actual Index Growth Caps or differences between the Index Growth Caps offered by the different Plus Accounts. **Please contact your financial advisor or go to www.prudential.com/universallife to access current Index Growth Cap information.**

(CONTINUED)

EXAMPLE 1: Demonstrates what the Index Interest credited to a Plus 50 segment on the segment maturity date will be when the growth of the S&P 500® Index times the Participation Rate is less than the Index Growth Cap.

Assumptions:

- Plus 50 Index Segment
- Participation Rate: 50%
- Index Growth Cap: 5%
- Index Growth Floor: 0%
- Average Daily Segment Value: \$800

Step 1

First, calculate the Index Growth Rate. To do this, start by dividing the S&P 500® Index Value on the segment maturity date by the S&P 500® Index Value on the segment start date, and then subtract 1:

S&P 500® Index Value on segment maturity date: 1,308
 S&P 500® Index Value on segment start date: 1,200

$$\frac{1,308}{1,200} - 1 = 9.00\%$$

Step 2

Next, multiply Step 1 by the Participation Rate:
 9.00% x 50% = 4.50%

Step 3

Finally, compare Step 2 to the Index Growth Floor and Index Growth Cap. The Index Growth Rate is the lesser of the percentage determined in Step 2 above or the Index Growth Cap, but never less than the Index Growth Floor. Since 4.50% is less than the Index Growth Cap, the Index Growth Rate is equal to 4.5%.

Step 4

Calculate the Index Interest by multiplying the Index Growth Rate of 4.5% determined in Step 3 by the Average Daily Segment Value of \$800:

$$4.5\% \times \$800 = \$36$$

The \$36 of Index Interest will be credited to the policy on the segment maturity date.

Note: In addition to Index Interest, amounts in a Plus 50 segment have the opportunity to earn Basic Interest. Basic Interest is credited daily at a rate equal to the Fixed Account rate minus 2.5%. Assuming a Fixed Account rate of 4%, Basic Interest of 1.5% would be credited daily to the Plus 50 segment in this example.

EXAMPLE 2: Demonstrates what the Index Interest credited to a Plus 100 segment on the segment maturity date will be when the growth of the S&P 500® Index times the Participation Rate exceeds the Index Growth Cap.

Assumptions:

- Plus 100 Index Segment
- Participation Rate: 100%
- Index Growth Cap: 8%
- Index Growth Floor: 0%
- Average Daily Segment Value: \$800

Step 1

First, calculate the Index Growth Rate. To do this, start by dividing the S&P 500® Index Value on the segment maturity date by the S&P 500® Index Value on the segment start date, and then subtract 1:

S&P 500® Index Value on segment maturity date: 1,308
 S&P 500® Index Value on segment start date: 1,200

$$\frac{1,308}{1,200} - 1 = 9.00\%$$

Step 2

Next, multiply Step 1 by the Participation Rate:
 9.00% x 100% = 9.00%

Step 3

Finally, compare Step 2 to the Index Growth Floor and Index Growth Cap. The Index Growth Rate is the lesser of the percentage determined in Step 2 or the Index Growth Cap, but never less than the Index Growth Floor. Since 9.00% exceeds the Index Growth Cap, the Index Growth Rate is equal to the Index Growth Cap of 8.00%.

Step 4

Calculate the Index Interest by multiplying the Index Growth Rate of 8.00% determined in Step 3 by the Average Daily Segment Value of \$800:

$$8.00\% \times \$800 = \$64$$

The \$64 of Index Interest will be credited to the policy on the segment maturity date.

Note: In addition to Index Interest, amounts in a Plus 100 segment have the opportunity to earn Basic Interest. Basic Interest is credited daily at a rate equal to the Fixed Account rate minus 5%. Assuming a Fixed Account rate of 4%, no Basic Interest would be credited to the Plus 100 segment in this example.

5. ALTERNATE CONTRACT FUND

The Alternate Contract Fund (ACF) is an alternative way to calculate the insurance death benefit and the cash surrender value. Regardless of Plus Account performance, the Alternate Contract Fund will guarantee a cumulative return of 1% annually on net premiums, deducting the same withdrawals and charges as the Contract Fund (other than any asset-based administrative fee). Interest is credited to both the non-loaned and loaned amounts. When the ACF value is more than the actual Contract Fund value, the ACF will be used in its place for most policy provisions, including the calculation of surrender value, available loan amount, amount at risk, and death benefits. Please note that there is no guarantee that the ACF will be a positive value as charges and other deductions can deplete it.

The ACF also provides protection against lapse. If the cash value, net of any outstanding policy loans, when considering the ACF is sufficient to cover monthly charges as they come due, the policy will not enter default.

When loans are taken, the loaned funds also earn 1% toward the ACF value. Unpaid loan interest is added to the loan principal when due and becomes part of the loan balance.

6. REVIEWING POLICY VALUES

Monitoring your policy on a regular basis can help you determine whether your cash value is earning interest and growing the way you anticipated. For the policy to remain in force for life, the policy's cash value net of loans must be enough to pay for the policy's benefits and expenses. This is not guaranteed. Variations in premium payments, expense charges, and/or interest crediting will affect your policy's cash values, and if the amount that's paid, charged, and/or credited is different than anticipated, your premiums may need to increase to keep your policy in force. You may need to make adjustments to your premiums to help make sure your protection lasts as long as you need it to. Similarly, if interest credits surpass the originally assumed amounts, you may be able to adjust future payments downward.

Once a year you will receive an annual statement of policy values. This statement will provide:

- The value of your policy as of the last day of the policy year.
- Details on new Plus Account Segments created or matured during the statement period. For matured segments, you will see the Index Growth Rate credited on the segment, based on the performance of the index and applicable participation rates, caps, and floors.
- The current Participation Rate, Index Growth Cap, and Index Growth Floor for each Plus Account as of the date the statement is produced. These rates will be subject to change.

Your annual statement will also provide two projections of how long your policy will remain in force based on contractual guarantees; one is based on an assumption of no further payments and the other on the assumption of continued payment of the billed premium. For projections using non-guaranteed assumptions, you may request an inforce illustration.

After the first policy anniversary, you may also request an "on-demand" statement, showing values as of the date of your request. On-demand statements and inforce illustrations are available on request through our customer service office at (800) 778-2255, Monday through Friday, 8:00 a.m. to 8:00 p.m., Eastern Standard Time. If you are using a telecommunications device for the hearing impaired, please call at (800) 778-8633, Monday through Friday, 8:00 a.m. to 6:00 p.m., Eastern time. One of our customer service representatives will be happy to help you.

PruLife® Founders Plus UL is issued by Pruco Life Insurance Company in all states except New York where it is issued by Pruco Life Insurance Company of New Jersey. Both are Prudential Financial companies located at 213 Washington Street, Newark, NJ 07102-2992. Each is solely responsible for its own financial condition and contractual obligations. All guarantees are based on the claims-paying ability of the issuing company.

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.



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

POLICY NUMBER (IF KNOWN): _____

PROPOSED INSURED: _____

ACKNOWLEDGEMENT

PRODUCER'S STATEMENT

I acknowledge that the PruLife Founders Plus UL Disclosure was provided to the policyowner(s) prior to or concurrent with the application for life insurance for the proposed Insured.

Signature of Producer X _____ Date Signed _____

POLICYOWNER(S) ACKNOWLEDGEMENT

I confirm that I have read and received a copy of the PruLife Founders Plus UL Disclosure (ORD 115212 Ed. 2016) explaining the following:

- The Policy offers a choice between either the Fixed Account or one of two Plus Accounts, Plus 50 or Plus 100. The Account option I choose determines the methodology used to determine the amount of interest, if any, applied to the Policy's Account Value.
o Fixed Account - Amounts in the Fixed Account earn interest, credited daily, at the guaranteed minimum rate of 2.5% per year, plus any excess interest at a rate periodically declared by Prudential.
o Plus Accounts - Amounts in a Plus Account segment have the opportunity to earn both Basic Interest and Index Interest.
- Basic Interest, credited daily at a rate equivalent to the annual rate that would have been credited if these amounts had been in the Fixed Account, less the Basic Interest Adjustment Percentage for that Plus Account (Plus 50: 2.5% / Plus 100: 5%). The Basic Interest rate is guaranteed never to be less than 0%.
- Index Interest, if any, credited at segment maturity based on the S&P 500® Index Values, Average Daily Segment Value, and the Participation Rate, Index Growth Cap, and Index Growth Floor associated with that segment. The Index Interest rate is guaranteed never to be less than 0%, even if the S&P 500® Index has a negative return during the one year segment duration.
• After the Policy is issued and as long as it remains in effect, I have the ability to change my Account Selection instructions (subject to the terms and conditions of the Policy). This includes the Designated Transfer Amount.
• Hypothetical rates of return included in this disclosure and on illustrations are not indicative of future Basic Interest or Index Interest or actual interest credited to the Fixed Account.
• The Alternate Contract Fund is an alternative way to calculate insurance benefit and cash surrender values. Regardless of Plus Account performance, it guarantees a cumulative return of 1% annually on net premiums, deducting the same withdrawals and charges as the Contract Fund (other than the asset-based administrative fee). Interest is credited to both the non-loaned and loaned amounts. There is no guarantee that the Alternate Contract Fund will be a positive value as charges and other deductions can deplete it.
• The life insurance policy I am applying for is not a variable contract or any type of investment contract. The S&P 500® Index Values used in Plus Account calculations are exclusive of dividends. Although each Plus Account provides interest linked to the performance of the S&P 500® Index, money placed in a Plus Account segment is not a direct investment in the S&P 500® Index.

Signature of Policyowner X _____ Date Signed _____

Signature of Policyowner X _____ Date Signed _____

Signature of Policyowner X _____ Date Signed _____





Corporate Offices, Newark, New Jersey

Pruco Life Insurance Company
a Prudential Financial company

POLICY NUMBER (IF KNOWN): _____

PRIMARY PROPOSED INSURED: _____

A. INSURANCE HISTORY

- 1. Will this rider replace any existing long-term care coverage presently in force?
If yes, provide name of Company being replaced.
2. Will this rider replace any existing Acceleration of Death Benefit coverage presently in force?
If yes, provide name of Company being replaced.

B. MEDICAL HISTORY

- 1. Has a member of the medical profession ever treated you for or diagnosed you with:
a. amyotrophic lateral sclerosis (ALS, Lou Gehrig's Disease)?
b. Huntington's chorea?
c. ataxia?
d. transverse myelitis?
e. myasthenia gravis?
f. chronic, recurrent or persistent memory loss or confusion?
g. senility?
h. cognitive impairment?
i. dementia?
j. organic brain disease?
k. amputation of more than one limb?
l. a stroke?
m. more than one mini stroke (transient ischemic attack, TIA)?
n. osteoporosis with compression fracture(s) or other related fracture(s)?
o. post polio syndrome?
p. chronic pain syndrome currently requiring treatment with narcotic medication(s)?
2. Within the past 2 years, have you:
a. been advised by a member of the medical profession to permanently discontinue the driving of an automobile?
b. required care from a member of the medical profession for a fall?
3. Do you currently:
a. reside in a long term care facility or nursing home?
b. receive or require the services of a home health care provider?
c. attend adult day care?
d. receive, or have you applied to receive, any type of disability benefits, excluding maternity benefits?
e. use, or require the use of devices such as a wheelchair, motorized scooter, walker, quad cane or stairlift?
f. use, or require the use of oxygen or a respirator?
g. use, or require the use of a catheter?
h. use, or require the use of a dialysis machine?
i. need, or have you been advised by a member of the medical profession to receive help or supervision of another to perform personal care?
j. need, or have you been advised by a member of the medical profession to receive help or supervision of another to perform household chores?
k. need, or have you been advised by a member of the medical profession to receive help or supervision of another getting in or out of a bed or chair?
l. have, or have you applied for, a handicap placard or handicap license plate?

C. SIGNATURES

To the best of my knowledge and belief, the statements above are true, complete and correctly recorded.

Caution: If your answers on this application are misstated or untrue, the insurer may have the right to deny benefits or rescind your accelerated death benefit coverage.

Signature of proposed insured X _____ Date _____

Signature of policyowner X _____ Date _____

Signature of producer X _____ Date _____





Pruco Life Insurance Company
A Prudential Financial company.

POLICY NUMBER (IF KNOWN): _____

PROPOSED INSURED: _____

A. ACCOUNT SELECTION

The policy you are applying for offers a choice between either the Fixed Account or one of two Plus Accounts, Plus 50 or Plus 100. The Account option you select determines the methodology used to determine the amount of interest, if any, applied to the Policy's Account Value, which is also known as the Contract Fund.

Choose one of the three boxes below:

[] Fixed Account (offers fixed account interest only)

Plus Accounts (offer opportunity for basic interest and index interest based on performance of the *S&P 500® Index)

[] Plus 50 (with a 50% participation rate, 0% floor, and current cap)

or

[] Plus 100 (with a 100% participation rate, 0% floor, and current cap)

Optional Election of Designated Transfer Amount. If selected, only the amount designated (plus the value of any plus segments that mature on that date) will be transferred from the Fixed Account to the Plus Account selected above on a monthly basis. If the Fixed Account balance is less than the designated amount, the full balance will be transferred. If you discontinue using the designated transfer amount feature, all amounts in the Fixed Account will transfer to a Plus Account, if you have selected one.

Designated Transfer Amount \$ _____

B. DISCLOSURES AND ACKNOWLEDGEMENTS

I believe this contract meets my insurance needs and financial objectives.

I understand and acknowledge that:

- I am applying for an indexed universal life insurance policy. Even though the values of the policy may be affected by an external Index, the policy does not directly participate in any stock, bond or equity investments and the value of any external Index does not reflect the payment of dividends.
Any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.
Pruco Life Insurance Company has the right to change interest rates, Index Growth Caps, Index Growth Floors and Participation Rates as long as they do not go below the minimums shown in the policy.
Index interest is computed based on the Plus Account segment's average daily balance over the course of the segment's one year period. Amounts deducted from the Plus Account segments before their maturity will still be included in the average daily segment value calculation, but Index interest will only be credited if the policy is still in force on the segment's maturity date (e.g. no Index interest if lapse, surrender, or death prior to a segment's maturity date).
The policy applied for is not a registered security.

Signature of policyowner X _____ Date ____/____/____

Signature of producer X _____ Date ____/____/____

* 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.





Prudential

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

Trustee Statement and Agreement

Please print using blue or black ink.

Instructions

Use this form where a trust is being designated as owner of a life insurance policy. For a foreign-situated trust, also submit those portions of the trust document that authorize investments within the United States.

On these pages, *we*, *us*, and *the Company* refer to the Prudential company that issued the policy.

Policy Information

Note: If a policy number has not yet been assigned, we will provide the number after this Trustee Statement has been received by us.

Policy number(s) _____

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

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

Trust Owner Information

Name of trust _____

Date of trust _____ Trust is (check one) Irrevocable Revocable

State where situated _____ Country where situated (if other than the United States) _____

Name(s) of Grantor(s) (Trust may refer to as Settlor or Trustor) (first, middle initial, last name) Relationship to Insured

Type of trust (check one)

Family trust Insurance trust Trusteed Buy/Sell Employer Sponsored Trust Charity trust

Other (explain) _____

Are there any agreements, other than the Trust Agreement, related to the rights, benefits or duties under the Trust Agreement?

Yes No

Is this Trust being used to initiate a life insurance policy for the benefit of investors who do not have an insurable interest in the insured? Yes No

Examples of such activities include:

1. Ownership or beneficial interest in the Trust by a sub trust that is established to benefit investors;
2. A plan or practice at policy inception to change the beneficial owners or beneficiaries of the Trust to investors after the policy is purchased; or
3. Any other activity intended to hide the fact that the Trust is being used to benefit investors who do not have an insurable interest in the insured.

Trustee Information

Name(s) of all current trustee(s) (first, middle initial, last name)

If the insurance producer is a trustee, please provide the reason and relationship of that individual to the insured.

Immediate family member Other _____

Reason _____



Pruco Life Insurance Company
The Prudential Insurance Company of America

Both are Prudential Financial companies.

Policy is issued by the company named at the beginning of this application.

POLICY NUMBER (IF KNOWN): _____

PROPOSED INSURED(S): _____

INSTRUCTIONS

- Required for applications 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 \$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.
- Form may also be required for financial verification as needed.

A. FINANCIAL INFORMATION

1. Source of Financial Information (Check all that apply.)
 Proposed Insured Accountant/CPA Banker Attorney Producer Other (specify): _____

2. Who determined the amount of insurance applied for? (Check all that apply.)
 Proposed Insured Accountant/CPA Banker Attorney Producer Other (specify): _____

	1st Proposed Insured	2nd Proposed Insured (Survivorship Applications only)
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:	\$ _____	\$ _____

6. Have either the proposed insured(s) 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.

7. Additional Comments: _____

B. SIGNATURES

To the best of my knowledge and belief, the above statements are complete, true and correctly recorded.

➔ Signature of proposed insured(s) X _____ Date ____ / ____ / ____

➔ Signature of policyowner (if different) X _____ Date ____ / ____ / ____

➔ Signature of producer X _____ Date ____ / ____ / ____



INSTRUCTIONS

- The third party **must** sign at the bottom of the page if this form is submitted in-lieu of independent third party financial documentation required at the following ages and face amounts:
 Ages < or equal to age 70: Face amounts of \$10,000,000 or more
 Ages 71 – 80: Face amounts of \$2,500,000 or more
 Ages > 80: Face amounts of \$1,000,000 or more
- The Financial Supplement (ORD 96200-2010, Financial) is required to be completed by the third party financial advisor and signed by the proposed insured(s), owner(s) and producer.
- We reserve the right to require additional documentation and or financial information such as loan commitments, audited financial statements, written buy-sell agreements, or tax statements as needed.

A. IDENTITY OF THIRD PARTY

- a) Name _____
 b) Name of Firm _____
 c) Business Address _____
 d) Telephone No. _____
 e) Professional Designations _____
 f) CPA or Attorney License # _____
- a) Relationship to Proposed Insured(s) _____
 b) Duration of Relationship _____
- Have you been involved with the sale of this life insurance? Yes No
If Yes, provide details: _____

Comments: _____

SIGNATURES

The information provided above, as well as on ORD 96200-2010 Financial has been reviewed and verified by me, and is complete, true and correctly recorded.

→ Signature of third party providing financial information X _____ Date ____ / ____ / ____



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

All are Prudential companies (herein after referred to as the "Company")

INSTRUCTIONS

This form must be completed at point of sale and submitted if a proposed insured's or policyowner's residence is outside the USA (non U.S. resident).

A. PERSONAL INFORMATION

1ST PROPOSED INSURED

Name of proposed insured: _____

Country(ies) of residence of proposed insured. If more than one country listed, provide length of time in each: _____

2ND PROPOSED INSURED

Name of proposed insured: _____

Country(ies) of residence of proposed insured. If more than one country listed, provide length of time in each: _____

Name of policyowner (if different than proposed insured): _____

Country(ies) of residence of policyowner (if different than proposed insured) If more than one country listed, provide length of time in each: _____

B. LOCATION INFORMATION

1. Where (specific geographic location, state or country) were the forms for life insurance completed and signed?

If the application for life insurance was signed outside of the United States, provide complete details:

2. Did all solicitation and communication, including the distribution and discussion of all sales or marketing material, take place within the United States and in the specific state where the application was signed?

Yes No

If No, provide complete details below:

3. Where (specific geographic location, state or country) will the insurance policy be delivered and received by the policyowner?

C. ACKNOWLEDGEMENTS

I acknowledge that I have carefully reviewed this form in its entirety and understand and agree to the following:

- To the best of my knowledge and belief the statements made above are complete, true and correctly recorded.
The solicitation and communication related to the purchase of life insurance products, as well as the completion and signing of the life insurance application must be completed in the United States.
The delivery and placement of the insurance policy, including delivery by mail, must take place within the United States unless otherwise approved in writing by the Company.
If any part of the life insurance transaction takes place outside the United States, it may result in the policy being rescinded or deemed invalid.
If I become aware of any changes to the responses to the questions above, I will inform the Company.

Signature of proposed insured(s) X _____ Date _____

Signature of policyowner X _____ Date _____
(if different than proposed insured)

Signature of producer X _____ Date _____





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

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

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one -- or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

Applicant's Signature

Agent's Signature

Date





Prudential

Important Notice Regarding Replacement

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

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

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one -- or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

Applicant's Signature

Agent's Signature

Date



Prudential

Important Notice Regarding Replacement

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

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

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one -- or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

Applicant's Signature

Agent's Signature

Date



**NOTICE TO APPLICANT REGARDING REPLACEMENT OF LONG-TERM CARE INSURANCE OR
LIFE INSURANCE INCLUDING ACCELERATED DEATH BENEFITS**

According to information you have furnished, you intend to lapse or otherwise terminate existing life insurance or long-term care insurance and replace it with a life insurance policy with an accelerated death benefit to be issued by Pruco Life Insurance Company. Your new accelerated death benefit coverage provides 30 days within which you may decide, without cost, whether you desire to keep the coverage. Please note that your underlying life insurance policy may only provide for a 10-day period during which you may decide, without cost, whether you will keep the coverage. For your own information and protection, you should be aware of, and seriously consider, certain factors that may affect the insurance protection available to you under the new coverage.

This accelerated death benefit is NOT Nursing Home, Home Care, or Long-Term Care Insurance, and it is not intended or designed to eliminate your need for that coverage. There are no restrictions or limitations on the use of the accelerated death benefit proceeds. If you want long-term care insurance, you should consult with an insurance agent licensed to sell that insurance, inquire with the insurance company offering the accelerated death benefits, or visit the California Department of Insurance Internet Web site (www.insurance.ca.gov) that provides information regarding long-term care insurance.

If you want to replace existing coverage with life insurance that includes an accelerated death benefit, you should note the following:

- (1) Receipt of accelerated death benefits may be taxable. Prior to electing to buy the accelerated death benefit, policyholders or certificate holders should seek assistance from a qualified tax adviser.
- (2) Receipt of accelerated death benefits may affect eligibility for public assistance programs, such as Medi-Cal or Medicaid. Prior to electing to buy the accelerated death benefit, the applicant/buyer should consult with the appropriate social services agency concerning how receipt of accelerated death benefits may affect that eligibility.

You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present coverage. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

If, after due consideration, you still wish to terminate your present coverage and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your coverage had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all the information has been properly recorded.

COMPARISON TO YOUR CURRENT COVERAGE

I have reviewed your current coverage. To the best of my knowledge, the replacement of insurance involved in this transaction materially improves your position for the following reasons:

- Additional or different benefits (please specify) _____.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- Other (please specify) _____.

Signature of Agent **X** _____ Date _____

Name of Insurer **Pruco Life Insurance Company** _____

The above "Notice to Applicant" was delivered to me on:

Signature of Applicant **X** _____ Date _____





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

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

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LONG-TERM CARE INSURANCE OR LIFE INSURANCE INCLUDING ACCELERATED DEATH BENEFITS

According to information you have furnished, you intend to lapse or otherwise terminate existing life insurance or long-term care insurance and replace it with a life insurance policy with an accelerated death benefit to be issued by Pruco Life Insurance Company. Your new accelerated death benefit coverage provides 30 days within which you may decide, without cost, whether you desire to keep the coverage. Please note that your underlying life insurance policy may only provide for a 10-day period during which you may decide, without cost, whether you will keep the coverage. For your own information and protection, you should be aware of, and seriously consider, certain factors that may affect the insurance protection available to you under the new coverage.

This accelerated death benefit is NOT Nursing Home, Home Care, or Long-Term Care Insurance, and it is not intended or designed to eliminate your need for that coverage. There are no restrictions or limitations on the use of the accelerated death benefit proceeds. If you want long-term care insurance, you should consult with an insurance agent licensed to sell that insurance, inquire with the insurance company offering the accelerated death benefits, or visit the California Department of Insurance Internet Web site (www.insurance.ca.gov) that provides information regarding long-term care insurance.

If you want to replace existing coverage with life insurance that includes an accelerated death benefit, you should note the following:

- (1) Receipt of accelerated death benefits may be taxable. Prior to electing to buy the accelerated death benefit, policyholders or certificate holders should seek assistance from a qualified tax adviser.
- (2) Receipt of accelerated death benefits may affect eligibility for public assistance programs, such as Medi-Cal or Medicaid. Prior to electing to buy the accelerated death benefit, the applicant/buyer should consult with the appropriate social services agency concerning how receipt of accelerated death benefits may affect that eligibility.

You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present coverage. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

If, after due consideration, you still wish to terminate your present coverage and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your coverage had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all the information has been properly recorded.

COMPARISON TO YOUR CURRENT COVERAGE

I have reviewed your current coverage. To the best of my knowledge, the replacement of insurance involved in this transaction materially improves your position for the following reasons:

- Additional or different benefits (please specify) _____.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- Other (please specify) _____.

Signature of Agent **X** _____ Date _____

Name of Insurer **Pruco Life Insurance Company**

The above "Notice to Applicant" was delivered to me on:

Signature of Applicant **X** _____ Date _____





**NOTICE TO APPLICANT REGARDING REPLACEMENT OF LONG-TERM CARE INSURANCE OR
LIFE INSURANCE INCLUDING ACCELERATED DEATH BENEFITS**

According to information you have furnished, you intend to lapse or otherwise terminate existing life insurance or long-term care insurance and replace it with a life insurance policy with an accelerated death benefit to be issued by Pruco Life Insurance Company. Your new accelerated death benefit coverage provides 30 days within which you may decide, without cost, whether you desire to keep the coverage. Please note that your underlying life insurance policy may only provide for a 10-day period during which you may decide, without cost, whether you will keep the coverage. For your own information and protection, you should be aware of, and seriously consider, certain factors that may affect the insurance protection available to you under the new coverage.

This accelerated death benefit is NOT Nursing Home, Home Care, or Long-Term Care Insurance, and it is not intended or designed to eliminate your need for that coverage. There are no restrictions or limitations on the use of the accelerated death benefit proceeds. If you want long-term care insurance, you should consult with an insurance agent licensed to sell that insurance, inquire with the insurance company offering the accelerated death benefits, or visit the California Department of Insurance Internet Web site (www.insurance.ca.gov) that provides information regarding long-term care insurance.

If you want to replace existing coverage with life insurance that includes an accelerated death benefit, you should note the following:

- (1) Receipt of accelerated death benefits may be taxable. Prior to electing to buy the accelerated death benefit, policyholders or certificate holders should seek assistance from a qualified tax adviser.
- (2) Receipt of accelerated death benefits may affect eligibility for public assistance programs, such as Medi-Cal or Medicaid. Prior to electing to buy the accelerated death benefit, the applicant/buyer should consult with the appropriate social services agency concerning how receipt of accelerated death benefits may affect that eligibility.

You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present coverage. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.

If, after due consideration, you still wish to terminate your present coverage and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your coverage had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all the information has been properly recorded.

COMPARISON TO YOUR CURRENT COVERAGE

I have reviewed your current coverage. To the best of my knowledge, the replacement of insurance involved in this transaction materially improves your position for the following reasons:

- Additional or different benefits (please specify) _____.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- Other (please specify) _____.

Signature of Agent **X** _____ Date _____

Name of Insurer **Pruco Life Insurance Company** _____

The above "Notice to Applicant" was delivered to me on:

Signature of Applicant **X** _____ Date _____





Prudential

Illustration Certification – Universal Life Policies

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

Representative: If an illustration matching the policy applied for was signed at the point of sale, do not use this form. Submit the signed illustration.

Applicant: Please refer to page 3 of your copy of this form to assist you when reviewing your illustration.

1 Policy Information Policy number _____
* Policy name (e.g., PruLife Universal Plus) _____

2 Representative As a representative, I certify that:
• I will provide the applicant(s) with an illustration conforming to the policy as applied for within 48 hours of providing this certification form.
• If the policy is issued other than as applied for, a revised illustration matching the policy as issued will be provided no later than the time the policy is delivered.

(Check only one box.)

- 1. I showed an illustration to the applicant(s), but the policy applied for differs from the illustration.
- 2. I did not show an illustration to the applicant(s).
- 3. I displayed a complete computer screen illustration to the applicant(s) that was based on the Personal and Policy Information shown below and that matches the policy applied for. In Massachusetts, a copy of this illustration and this signed certification must be sent with the application to the home office.

Personal and Policy Information

Age(s) _____ / _____ Sex _____ / _____
Underwriting rating class _____

Initial face amount \$ _____ Premium amount illustrated \$ _____

Hypothetical number of years out-of-pocket premiums are illustrated All or _____ years

Drop-in amount illustrated? Yes No Amount \$ _____ Number of years _____

Premium payment mode: Annual Semiannual Monthly – EFT Quarterly

Hypothetical non-guaranteed distributions (loans/withdrawals) shown? Yes No

Indexed Universal: Account Selection				
Guaranteed Rates	%	%	%	%
Initial Non-Guaranteed Rates	%	%	%	%
Universal: Guaranteed Interest Rate _____%	Non-guaranteed Illustrated Interest Rate _____%			

Rider name(s) _____

Policy & Rider Form #s (South Dakota only) _____

3 Signatures I make the certifications stated above and also certify that I have explained to the applicant(s) the Important Information About the Proposed Policy, Policy Values, and Premiums section that appears on this Illustration Certification.

(An executed copy should be provided to the applicant(s) and the insurance company.)

X _____ / ____ / ____
Signature of representative Representative's name month day year

As applicant, I certify that the representative's statements made above are true. I understand I will receive an illustration conforming to the policy as applied for within 48 hours (including any computer screen illustration shown) and I can use the third page of this certification to assist in my review of that illustration. The representative has advised me that an illustration conforming to the policy as issued will be provided to me no later than the time the policy is delivered.

Pennsylvania applicants (if a computer screen illustration was shown): As applicant, I acknowledge that an illustration matching the screen illustration will be provided to me no later than the time the application is submitted to the insurer's home office.

I have read, and the representative has explained to me, the Important Information About the Proposed Policy, Policy Values, and Premiums section.

X _____ / ____ / ____
Signature of applicant month day year

Applicant's name _____



4 Important Information About the Proposed Policy, Policy Values, and Premiums

- The policy helps to meet your life insurance needs through the many features it offers, including flexible premium payments, choice of death benefit options, guaranteed minimum interest rate, and cash value accumulation.
- Premiums are flexible with regard to amount and timing. However, it is possible for the policy to lapse due to a combination of insufficient premium payments, increase in policy charges, and/or excessive withdrawals or loans.
- Policies may be issued at an underwriting class which differs from that which was illustrated.
- If the policy is not issued as applied for or is not issued as originally illustrated, then the policy's guaranteed values may differ from those on the original illustration.
- Non-guaranteed elements such as interest crediting rates and policy charges on policies, are not guaranteed. Since these elements are likely to change over time, the actual non-guaranteed policy values based on these non-guaranteed elements will differ from the illustrated non-guaranteed values. Non-guaranteed elements are subject to change at our discretion.
- Illustrations are not promises, projections, or predictions of what is likely to happen. Non-guaranteed values may be different than those originally illustrated.
- Policy values will decrease if any funds are borrowed or withdrawn/surrendered while the policy is in force.

5 Statement for Policies with No-Lapse Guarantees of 20 Yrs or More

- This policy provides cash values that may be less than cash values under a term policy with the same guarantees.
- In addition, please be aware that you may be paying for this policy's no-lapse guarantee by higher cost-of-insurance charges, or lower returns on your investment or by some other pricing method even if there is no separately identified premium for the no-lapse guarantee.

** Note to producer and applicant: PruLife® Universal Protector and PruLife® SUL Protector display a presentation of guaranteed elements. Any reference on this form to illustrations with non-guaranteed values, does not apply to these products.*

SAMPLE

What to Look For When You Get Your Universal Life Insurance Illustration

- Illustrations are intended to show how various interest rates and levels of charges can affect policy values. It is important for you to understand how the policy you have applied for works. If you have any questions, contact your representative for an explanation.
- Your universal life illustration will show you how your policy may perform under a given set of assumptions. The policy values can never be less than the guaranteed results shown. Because we do not know what future interest rates or actual policy charges will be, our illustrations show how the policy may work under various interest rates and policy charges. It is important to understand the impact of different premium amounts, interest rates and charges on policy values or benefits. Non-guaranteed policy values will differ from values shown in this illustration.
- Illustrations are useful for showing how the underlying interest rate, the premiums you pay, and any loans or withdrawals you make could reduce the policy's contract fund and death benefit. Except for those specified, illustrated assumptions and policy values are not guaranteed.
- Please review your illustration for important information regarding interest rates, Guaranteed Results, Non-Guaranteed Results, and the assumptions that are used to determine those results.

The Contract Fund is the value of the policy at the end of the given year based on the assumptions provided.

The illustration shows multiple scenarios so you can see how different assumptions may affect the growth of the policy. The policy values will never be less than the guaranteed values shown.

Current Charges/Maximum Charges reflect the various charges that are deducted from the policy throughout the life of the contract. Current, is what those charges are today. They can never be higher than the maximum charges in the policy.

Guaranteed Results Based on

Minimum Interest Rate of 2% and Maximum Charges

Non-Guaranteed Results Based on

Illustrated Interest Rate of 4.10% and Current Charges

Age	Annual Premium Outlay	Contract Fund	Surrender/ Cash Value	Death Benefit	Contract Fund	Surrender/ Cash Value	Death Benefit
50	8985	1407	0	100000<	2900	0	100000<
51	8985	2539	0	100000<	5829	0	100000<
52	8985	3315	0	100000<	8884	0	100000<
53	8985	3665	0	100000<	11928	3710	100000<
54	8985	3451	0	100000<	15007	7654	100000<
70	8985	0	0	100000<	103260	103260	100000<
71	8985	0	0	100000<	109333	109333	100000<
72	8985	0	0	100000<	114723	114723	100000<
73	8985	0	0	100000<	119321	119321	100000<
74	8985	0	0	100000<	123095	123095	100000<
96	8985	0	0	100000<	0	0	100000<
97	8985	0	0	100000<	0	0	100000<
98	8985	0	0	100000<	0	0	100000<
99	8985	0	0	100000<	0	0	100000<
100	8985	0	0	100000<	0	0	100000<

Assumes you will pay this premium amount for each year listed.

Surrender/Cash Value is the amount based on the interest rate and charges, you would receive if you surrendered the policy in any given year.

The death benefit, based on the assumptions shown, your beneficiary would receive if you died in the given year. A "<" symbol indicates the death benefit guarantee is in effect.