



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 ProtectorSM (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
[] Have never met [] Other (provide details on how you know the proposed insured)
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
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Signature of Proposed Insured or Parent/Guardian _____ Date signed _____

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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

LIFE INSURANCE BUYER'S GUIDE

This guide can help you shop for life insurance.
It discusses how to:

- Find a policy that meets your needs and fits your budget
- Decide how much insurance policy you need
- Make informed decisions when you buy a policy

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The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

Important Things to Consider

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance may be costly.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need-and for how long-and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?

- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What Is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: term insurance and cash value insurance. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age.

For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period-even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it. The amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance

protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without cancelling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy.

Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what could happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial

plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at **all** ages for **all** kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have amore level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies, increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

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Prudential

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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



WHAT EVERY CONSUMER SHOULD KNOW ABOUT LIFE INSURANCE

IMPORTANT POINTS TO CONSIDER BEFORE BUYING A LIFE INSURANCE POLICY

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

Insurance is issued by The Prudential Insurance Company of America, Pruco Life Insurance Company (except in New York), and Pruco Life Insurance Company of New Jersey (in New York and New Jersey), all located in Newark, NJ.



Prudential
Bring Your Challenges®

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

WHAT IS LIFE INSURANCE?

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

HOW MUCH LIFE INSURANCE SHOULD I OWN?

There's no single right answer. Some people select a coverage amount that is equal to 6 to 10 times their annual gross salary; others opt for 2 times their annual gross salary. Coverage amounts are individual and certainly not "one size fits all." To get a more accurate view, it's best to meet with a financial professional and complete a personal needs analysis.

WHY DO I NEED LIFE INSURANCE?

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

The needs most people have



Daily Living Expenses

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



Home

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



Education

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



Last Expenses

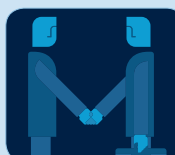
Help provide funds to pay estate taxes and other final expenses, such as funeral costs and outstanding medical bills, to help ensure that financial difficulties won't be among your family's sorrows.



Retirement

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

If you own a business



Business Continuation

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

TERM OR PERMANENT LIFE INSURANCE—WHICH SHOULD I BUY?

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

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

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

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

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

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

CAN'T I JUST BUY ANOTHER TERM POLICY LATER?

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

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

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

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

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

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



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

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

Here is a snapshot of the types of permanent policies:

▶ Whole Life

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

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

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

▶ Universal Life (UL)

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

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

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

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

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

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

▶ Variable Universal Life (VUL)

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

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

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

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

Snapshot (cont.)

► Survivorship, or Second-to-Die

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

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

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

WHEN SHOULD I GET EACH?

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

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

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

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

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

- the dollar amount of the premiums you pay.
- how timely your premium payments are received.
- when and how often you pay premiums.
- whether you take any policy loans or withdrawals.

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

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

MORE INFORMATION ABOUT CASH VALUE AND PREMIUMS

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

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

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

Note that if your cash contribution exceeds certain limits and your contract becomes a Modified Endowment

Contract (MEC), as determined by the IRS, different tax rules and, in some cases, penalties apply to distributions such as loans and withdrawals (including distributions made in the two years before the policy becomes a MEC). A MEC can result from paying more than a certain amount in premium payments or from reducing coverage.

OTHER QUESTIONS YOU MAY HAVE

How Much Will Life Insurance Cost?

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

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

If your policy has **flexible premium payments**, there are no scheduled premium due dates. To manage this, you can ask to be billed annually, semi-annually, or quarterly for the amount you select. When you receive a premium

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

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

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

notice, you are not required to pay this amount, but you'll want to be sure you can "afford" to skip payments—meaning, you'll want to be sure your policy has enough value within it to stay in force.

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

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

Should I Purchase Life Insurance on My Child?

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

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

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

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

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

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

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

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

Entering into a STOLI arrangement could have the following impacts:

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

When Should I Review My Current Coverage?

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

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

What Is Underwriting?

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

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

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

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

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

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

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

- ▶ **You might lose policy benefits.** You may have valuable rights and benefits in the policy you now have that are not in the new one. If the policy you have now no longer meets your needs, you may not have to replace it; instead, you might be able to change your policy or add to it to get the coverage or benefits you now want.

- ▶ **You might create a coverage gap.** At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

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

- ▶ **Your insurability.** It's possible that you have had a change in health since the purchase of your current policy. This can change the underwriting category you fit into or even make you ineligible for coverage. *You should not cancel your existing policy until the new policy has been issued and is considered "in force."*

- ▶ **Face amounts.** If the new policy's death benefit will be lower, you should carefully consider whether it is adequate to meet your life insurance needs. It may be cheaper to reduce the face amount on your current policy if you need less coverage.

- ▶ **Premiums.** Carefully consider the many aspects of premium payments, including amount, frequency, duration, and guarantees, and note how they differ between policies:

- **Amounts.** Since you are older than you were when you applied for your existing policy, and it's possible that your health has changed, the premiums will likely be higher. Know what your new premium payments will be and whether you can afford any increase. If the premiums for your existing policy are being paid for under a waiver of premium benefit provision, it is probably to your advantage to keep your existing policy.

- **Frequency and duration.** How often and for how long will you have to pay premiums? Carefully compare the premiums you pay under your existing policy and what is permitted under the new policy, and consider whether you will have the flexibility you need to maintain appropriate premium payments.

- **Guarantees.** Some premiums are guaranteed for the life of the policy; some are guaranteed for only a limited period of time and, once the guarantee ends, the premiums may increase.

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

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

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

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

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

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

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

WHO CAN SELL YOUR LIFE INSURANCE POLICIES?

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

How Do They Get Paid if I Buy a Policy?

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

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

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

FINDING WHAT'S RIGHT FOR YOU

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

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

ABOUT PRUDENTIAL FINANCIAL

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

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

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

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

It is possible to lose money by investing in securities.

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

Investment and Insurance Products:

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

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





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) _____

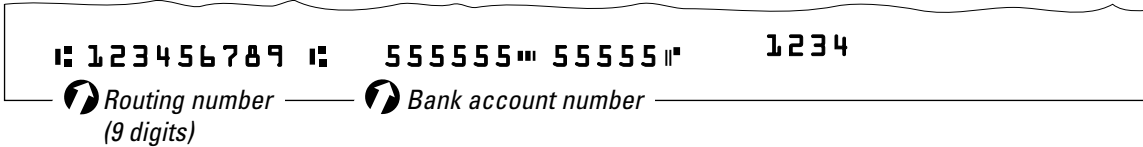
Policy number _____

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

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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.

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, otherwise, subsequent benefits under the Rider 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. Payments will begin 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 under Effect of Chronic Illness on Contract.

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 basic insurance amount and will be fixed at the time you make your initial claim. This amount will not change after benefit payments begin, but it will be affected by any transactions that have been made that affect the basic insurance amount of your policy prior to the initial claim. After benefit payments begin, the portion of the lifetime benefit amount that remains will change to reflect payments that have been made.

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. The first benefit payment will be made no later than the monthly date on or after we approve the claim and will continue to be made until the earliest of: (1) You discontinue benefit payments; (2) The Insured no longer meets the eligibility requirements, including recertification; (3) The lifetime benefit amount is exhausted; (4) 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 lifetime benefit amount 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, death benefit, 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

**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>			
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. A processing charge of \$150 has been deducted following each acceleration.

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:	07/01/2013	Claim Date:	10/04/2016
Basic Insurance Amount:	\$500,000	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 (\$320 for 2013) times 30: $\$320 \times 30 = \mathbf{\$9,600}$; 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 before
Acceleration of Death Benefit:**

**Contract Values as of 10/04/2016 after
Acceleration of Death Benefit:**

<i>Chronic Illness Benefit payable:</i>		\$ 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

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 basic insurance amounts. 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 115170-2013) 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 _____





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 _____





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

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 _____

For Trusts with Multiple Trustees (provide the following information)

A. Signature Information

Please indicate below who is authorized to sign under the terms of the trust agreement or any applicable state law. If a box is not checked, we will require the signature of all trustees on this statement, as well as for the exercise of any rights under the policy.

- All trustees must sign
- Any trustee may sign alone
- The majority of trustees must sign
- _____ alone, is the only trustee authorized to act
- Other (explain) _____

B. Contact Information. Please provide the name, address, and telephone number of trustee who will receive communications from us.

Name of contact trustee (first, middle initial, last name) _____
Street _____ Apt/Suite _____
City _____ State _____ ZIP code _____
Telephone number _____

Trust Beneficiaries

List relationship to the insured of all trust beneficiaries (check all that apply). **If 'Other' is checked** – please provide the relationship(s) to the Insured as well as the percentage of interest that such beneficiary has in the trust.

- Spouse
- Child
- Parent
- Grandchild
- Sister
- Brother
- Business associate
- Employer
- Charity
- Other _____ %
relationship
- _____ %
relationship

Signatures

Conditions

The undersigned Trustee(s) certify(ies) and agree to the following:

- The trust is in effect and has not been revoked, modified, or amended in any manner that would cause the representations in this Trustee Statement to be incorrect.
- The Trustee(s) may purchase life insurance in the state in which it is applied for and delivered in, apply for the policy, and invest trust funds in the policy(ies).
- The Trustee(s) may be named as policyowner and have the power to exercise all rights of ownership of a life insurance policy, including, but not limited to, the right to surrender the policy(ies), take a loan or withdrawal, or make changes in the allocation of any invested premium amounts.
- The Trustee(s) agree to notify the Company in writing of any amendment to the Trust, any change in the composition of the trustees or any other event that may alter the statements contained herein and that the Company may rely on the validity of this certification absent receipt of such notice.
- The Company is relying on the representations in this Trustee Statement and not upon a review of the trust document, even if the trust document has been or is later provided and can rely upon the representations in this Trustee Statement, unless or until the Company receives notice in writing of any change, amendment, or revocation of the trust.
- The undersigned Trustee(s), indemnify(ies) the Company, its agents, employees, and representatives and agrees to hold them harmless against all obligations, demands, losses, or liabilities, including attorney's fees, that may be incurred or paid because of reliance on this Trustee Statement or as a result of any transactions made by the Trustee(s).

X _____ / _____ / _____
Trustee's signature and date signed month day year

X _____ / _____ / _____
Trustee's signature and date signed month day year

X _____ / _____ / _____
Trustee's signature and date signed month day year



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
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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

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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 _____





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.

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Signature of Applicant **X** _____ Date _____





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- 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 _____





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

- Establish EFT
- Change an existing EFT arrangement

INSTRUCTIONS

Complete the entire form in blue or black ink to establish a monthly Electronic Funds Transfer (EFT) premium payment arrangement or to change an existing EFT premium payment arrangement. Check the accuracy of any section we completed. Initial any corrections or changes that you make. Note: EFT is only available on a monthly payment frequency and cannot be used to make payments toward a policy loan.

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 WHAT PREMIUMS DO YOU WANT TO PAY?

List the policies to be paid along with the premium withdrawal amount and the insured's name(s) for each policy.

Policy Number	Monthly Premium Withdrawal Amount *	Insured's name(s)

**Cannot exceed the monthly premium unless the policy has flexible payment arrangements.*

We cannot establish an electronic funds transfer arrangement if the dividend option is to reduce premiums. In that event, we will withdraw the full amount of the premiums from your account. Unless otherwise elected, any future dividends will be used to provide paid-up additional insurance, if available, or will otherwise accumulate at interest.

Please note that changing the frequency of your premium payments may increase the total amount you pay each year.

2 WHEN DO YOU WANT TO PAY?

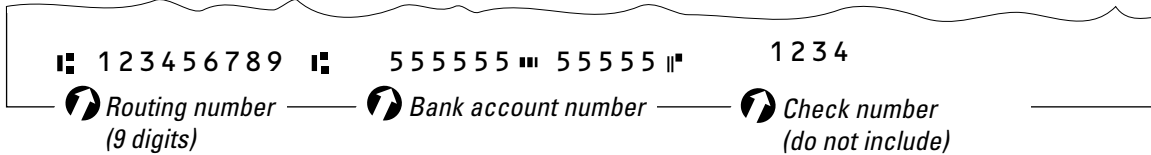
Select the day of the month listed below on which Prudential should withdraw the premium payment(s). We will send you a notification 10 days in advance of the amount and the date of withdrawal.

The withdrawal day you select should be on or before the earliest premium due date of all policies listed above. If you do not specify a withdrawal date, we will select the withdrawal date that coincides with or closely precedes the earliest premium due date.

- 1st
- 7th
- 15th
- 23rd
- 28th

3 HOW DO YOU WANT TO PAY?

- If a checking account is being used, refer to the check diagram below to help determine your bank routing number and bank account number.
- If a savings account is being used, you must first check with your bank to ensure that you do not exceed limits on how many electronic withdrawals can be made each month. Also ask them to provide you with the correct bank transit routing number and account number for electronic withdrawals.
- *Note: The account you provide must be a domestic checking or savings account.*



Bank Information

Type of Bank Account: Checking Savings

Name of financial institution _____

Bank routing number _____ Bank account number _____

Bank Account Owner Information

Account owner type: Individual Corporate Trust Other _____

Name of account owner _____

Joint account owner, if any _____

Account Owner's Mailing Address:

Street: _____

City: _____ State: _____ Zip code: _____

4 AGREEMENT AND SIGNATURE

As a convenience to me, I authorize Prudential to make electronic fund transfers from my account identified above. By signing below, I understand and agree that:

- 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 cancel the authorization at any time by giving Prudential prior verbal or written notification up to two business days preceding the scheduled date of the transfer.
- I may modify this Agreement by authorizing Prudential to make preauthorized electronic fund transfers from any other bank account that I so designate either verbally, in writing, or through an automated voice response system. Any such 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 the form. This does not apply to variable universal or universal life policies.
- I have 60 days from the date of the withdrawal to notify Prudential of any errors related to a transfer under this agreement.
- 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.
- 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 contract or whether any such damages were foreseeable.
- Prudential, in its sole discretion, reserves the right to remove any policy from the electronic funds transfer premium payment arrangement at any time. The payment frequency on a direct bill basis may be changed to quarterly or another less frequent mode.

X

Bank account owner signature

Date (month/day/year)

5 ATTACH YOUR VOIDED CHECK (OPTIONAL, WHEN USING A CHECKING ACCOUNT)

- **We strongly encourage you to include a voided check in order to ensure the accuracy of your banking information.** Place your voided check over the sample check image below. Tape all four sides of your check to the form. Please do not staple your check to the form.
- *Note: We cannot obtain acceptable banking information from deposit slips.*

Customer's name _____ **Check no.** 1 2 3 4
Street address _____
City, State ZIP _____

PAY TO THE ORDER OF _____ **\$** _____
_____ **Dollars**

Bank name _____
Street address _____
City, State ZIP _____

❑ 1 2 3 4 5 6 7 8 9 ❑ 5 5 5 5 5 ❑ 5 5 5 5 ❑ 1 2 3 4

VOID



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					Non-Guaranteed Results Based on		
Minimum Interest Rate of 2% and Maximum Charges					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.