



Prudential

APPLICATION FOR LIFE INSURANCE SURVIVORSHIP LIFE

Corporate Offices, Newark, New Jersey

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

POLICY NUMBER (IF KNOWN): _____

PART 1 – A. FIRST PROPOSED INSURED (1ST PI)

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 \$ _____

A-2. SECOND PROPOSED INSURED (2ND PI)

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 (If different from 1st PI. 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: ☐ PruLife® SVUL Protector **Complete the *Variable Supplement*** ☐ PruLife® SUL Protector
☐ PruLife® Survivorship Index UL **Complete the *SIUL Supplement*** ☐ Other: _____
3. Death Benefit type: ☐ Type A (Level) ☐ Type B (Variable) ☐ Type C (Return of Premium)
4. Requested Optional Benefits (Not all benefits are available for all products or in all states.):
☐ Estate Protection Rider: Amount \$ _____ ☐ Overloan Protection Rider (GPT only)
☐ Survivorship BenefitAccess Rider **Complete the *BenefitAccess Rider Supplement* on both insureds.** ☐ Enhanced Cash Value Rider
If applicable, Select Max Monthly Benefit Percentage ☐ 2% or ☐ 4%
☐ Other Riders/Benefits (indicate 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. 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?

1ST PI ☐ Yes ☐ No **2ND PI** ☐ 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 ☐ Yes ☐ No

1ST PI

- 3a. 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"/> 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.

2ND PI

- 3b. 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"/> 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?

1ST PI ☐ Yes ☐ No **2ND PI** ☐ Yes ☐ No

If Yes, give name of insured, amount applied for and total amount to be placed, including this application.

5. Have you had life or health insurance declined, postponed or issued with an increased premium?

☐ Yes ☐ No ☐ Yes ☐ No

If Yes, give name of insured, company name, type of insurance, date, action taken and reason for action.

6. Is either 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 ☐ Yes ☐ No

If Yes, provide details :

G. GENERAL INFORMATION

- | | 1ST PI | 2ND PI |
|--|--|--|
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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? <i>If Yes, provide details :</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|

1ST PI

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

2ND PI

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. been convicted of or pled guilty to driving under the influence of alcohol and/or drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. been convicted of or pled guilty to any moving violations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will you live or travel outside the United States within the next 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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, proposed insured and appropriate details:
- | Question # | PI | Details |
|------------|----|---------|
|------------|----|---------|

H. SPECIAL REQUESTS

PART 2**A. PERSONAL PHYSICIAN INFORMATION****1ST PI**

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

2ND PI

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**1ST PI**

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 : _____

2ND PI

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**1ST PI**

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: _____

2ND PI

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

	1ST PI		2ND PI	
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. anemia or other abnormality of the blood (other than HIV)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. a polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma or Hodgkin's disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. diabetes, high blood sugar, glucose intolerance or other endocrine disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. anxiety, depression, or any other mental or psychiatric illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis or any other disorder of the lungs or respiratory system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. an ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease or any other disorder of the esophagus, liver, stomach or intestines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. nephritis, polycystic kidney disease or any other disorder of the bladder, kidney, urinary tract or prostate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k. arthritis, gout, back trouble, or any disease or disorder of the joints, muscles or bones?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l. lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever used:				
a. cocaine, crack, marijuana, heroin, Ecstasy, PCP, LSD, methamphetamine, any other hallucinogenic drug or controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. amphetamines, barbiturates, sedatives, opiates or methadone, or controlled substance except as prescribed by a physician?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Other than what has already been disclosed, within the past 5 years, have you:				
a. requested or received disability or compensation benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. been a patient in a hospital or other medical facility, other than for normal childbirth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. had any other disease, disorder or condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. been advised to have surgery, medical tests or diagnostic procedures (other than for HIV)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you currently receiving medical treatment or taking any other medication or herbal supplement that has not already been disclosed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(CONTINUED)

D. MEDICAL INFORMATION (CONTINUED)

6. Give complete details of any "Yes" answers for questions 1-5, including: **Question number, diagnosis, date of onset and recovery, medication/treatment prescribed and the name, address and telephone number of all attending physicians and hospitals.**

PI	Question #	Diagnosis	Date of Onset	Date of Recovery	Medication/ Treatment Prescribed	Physician/Hospital Name, Address & Phone Number
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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.
- 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 1st proposed insured **X** _____

➔ Signature of 2nd proposed insured **X** _____

If policyowner is different from the proposed insured:

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

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

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

Title of officer/trustee(s) _____

➔ Signature of producer **X** _____



Prudential

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR LIFE INSURANCE SURVIVORSHIP LIFE

For ALL cases: It is the responsibility of the financial professional to complete and sign the individual application *Agent's Report* (ORD 114119–SURV for Prudential financial professionals or ORD 114120–SURV for Third Party financial professionals). Do not provide the *Agent's Report* directly to the clients.

BEFORE SUBMITTING THE APPLICATION FOR LIFE INSURANCE

- ☐ Confirm that you are appropriately licensed and appointed in the applicable states(s).
- ☐ Refer to the *Product Availability by State* listing on www.pruxpress.com for all product and rider availability.
- ☐ Verify you have the correct state-specific version of the application and other forms, as applicable, for the state you are writing in.
- ☐ Insert the proposed insureds' names and, if applicable, policy number on all forms.
- ☐ Provide the *Important Notice About Your Application for Insurance* (ORD 96200B) and the *What Every Consumer Should Know About Life Insurance* brochure to the proposed insureds.
- ☐ Provide the *Privacy Notice* to the proposed insured or proposed policyowner(s), if different than the proposed insured, on ALL variable cases.
- ☐ Complete ALL applicable sections, supplements and agreements in **BLACK ink only** with clear and legible handwriting. Make sure to initial all changes. Incomplete applications will not be reviewed for underwriting. **NOTE: Applications should be completed with the assistance of the financial professional and not solely by the clients.**
- ☐ Death Benefit Type selection (CVAT/GPT) should be captured in the Special Requests section of the application.
- ☐ Encourage the clients to sign an *Authorization to Disclose Information on Which Underwriting Decision Is Made to Insurance Agent and/or Producer* (ORD 112719A for Prudential financial professionals) or *Authorization to Disclose Information to General Agent or Broker* (ORD 112719 for Third Party financial professionals).
- ☐ Complete the IRS tax certification and provide the state in which the owner is signing the application on page 8 of the *Life Insurance Application Survivorship Life*. **Obtain all required signatures on the Application.**
- ☐ Provide an alternate mailing address under "Premium" (section C) if the proposed policyowner is not the premium notice recipient. A P.O. box address is acceptable.
- ☐ Enter an alternate mailing address under "Special Requests" (section H) when the proposed insureds are not the policyowners nor the premium notice recipient, and mail cannot be delivered to the proposed insured's residential address provided under "Proposed Insured" (section A). A P.O. box address is acceptable.
- ☐ Complete all information requested on the *Authorization, Acknowledgement and Limited Insurance Agreement* (ORD96200F for Prudential financial professionals) or the *Authorization to Release Information* (ORD96200C for Third Party financial professionals).
- ☐ Review "When submitting a prepayment" below if you are collecting a prepayment under the terms of the *Limited Insurance Agreement* (LIA).
- ☐ Obtain **ALL** necessary signatures (proposed insureds and proposed policyowner(s), if different than the proposed insured), titles, and dates, where applicable.

FOR NON-FACE-TO-FACE SALES:

The writing financial professional must collect the application information with both the proposed insureds and the proposed policyowner(s), if different than the proposed insured.

- ☐ Select "NO" in section D, Question #1 of the *Agent's Report*, noting that the financial professional did NOT see the proposed insureds during the sales process.
- ☐ Refer to the *Prudential's Guide to Non-Face-to-Face Sales* on www.pruxpress.com for eligibility requirements and additional information.

DO NOT:

X Waive any of our requirements or information we request as you do not have that authority.

X Guarantee or imply that Prudential will provide insurance.

X Use correction fluid/tape.

X Accept prepayment if:

- Submitted in the form of cash.
- The check is made payable to you or with the payee field left blank.
- The proposed insureds are unable to certify the health attestations.
- The proposed insureds' age is greater than 75 years.
- The total amount of insurance requested in all applications on the proposed insured is greater than \$5,000,000.

WHEN SUBMITTING A PREPAYMENT:

- ☐ Complete a *Limited Insurance Agreement* (Limited Insurance Agreement section of the ORD96200F for Prudential financial professionals or ORD 96200A for Third Party financial professionals).
- ☐ Always obtain **ALL** necessary signatures (proposed insureds and policyowner(s), if different than proposed insureds).
- ☐ Complete the *Request for Initial Premium (E-PAY) and/or to Establish Monthly Electronic Funds Transfer(EFT)* (ORD 114416), OR Instruct the payor to make the check payable to "Prudential Insurance Company".

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

WHEN SUBMITTING FOR A POST-ISSUE TRANSACTION:

- ☐ Use "Special Requests" (section H) on the *Application for Life Insurance* for all policy change and term conversion requests.
- ☐ Include any required special wording, if provided by the Home Office.
- ☐ Use the *Request for Policy Change Supplement* (ORD96200 CHG) ONLY when:
 - a. The existing policyowner of the policy being converted or changed is not the proposed policyowner on the new or changed policy; or
 - b. The rights restriction requires the beneficiary to sign all requests; or
 - c. There is a collateral assignee.
- ☐ Submit the initial premium amount for all contractual conversions, regardless of coverage amount.



PROPOSED INSURED: _____

A. PURPOSE OF INSURANCE**REQUIRED: Primary Purpose of Insurance** (Must choose at least one. Check all that apply.):**Supplemental riders/benefits such as Surv BAR for chronic or terminal illness do not qualify as a primary purpose of insurance.*

Personal: ☐ Estate liquidity ☐ Asset Repositioning/Wealth Transfer
☐ Debt indemnification

Business: ☐ Buy-Sell/Business continuation ☐ Debt indemnification
☐ Executive benefit

OPTIONAL: Secondary Purpose of Insurance: ☐ Surv BAR for Chronic/Terminal Illness**B. PRODUCER INFORMATION**

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

PRODUCER #1

Split commission %: _____

Producer name: _____

GA name: _____

Producer contract number: _____

GA contract number: _____

Producer Social Security number: _____

GA Employer Identification Number: _____

Producer e-mail for electronic policy delivery (if requested): _____

Case manager e-mail: _____

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

Firm name: _____

Firm contract number: _____

Firm Employer Identification Number: _____

PRODUCER #2

Split commission %: _____

Producer name: _____

GA name: _____

Producer contract number: _____

GA contract number: _____

Producer Social Security number: _____

GA Employer Identification Number: _____

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

Firm name: _____

Firm contract number: _____

Firm Employer Identification Number: _____

C. CASE DETAILS (Prudential will order requirements for term cases within PruFast Track parameters.)Who is responsible for the requirement ordering? ☐ Producer will provide completed Exam. *If checked, skip to Section D.*Age and amount requirements: ☐ Prudential ☐ Producer/GAPreferred Exam Vendor: ☐ APPS ☐ SMMAttending Physician Statement (APS): ☐ Prudential ☐ Producer/GA**D. KNOWLEDGE OF PROPOSED INSUREDS**

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



E. SUITABILITY DECLARATIONS (VARIABLE PRODUCTS ONLY)

1. This application is submitted in the belief that the purchase of this policy is suitable for the policyowner based on the information furnished by the policyowner. ☐ Yes ☐ No
2. Reasonable inquiry has been made of the policyowner concerning the policyowner's insurance and investment objectives, financial situation and needs. ☐ Yes ☐ No
3. The policyowner is considering the purchase of this variable life insurance product as a vehicle for long-term life insurance death benefit protection and may also have a need for cash accumulation. ☐ Yes ☐ No

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

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

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

If using an existing Prudential or third party policy(ies) or annuity contract(s) to pay either initial or future premiums, complete questions 3 and 4: (If more than one policy or contract provide full details in the **Remarks section.)**

3. What is the policy number(s) for the source of the premiums? _____
Will any of the above policies cease to exist? ☐ Yes ☐ No
4. What is the form of the proceeds for the above policy(ies)? (Check all that apply.):
☐ Accumulated dividends ☐ Loans ☐ Partial surrender or withdrawal

G. UNDERWRITING CATEGORY QUOTED

1ST PI

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

2ND PI

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

H. PRUDENTIAL/PRUCO POLICIES ISSUED WITHIN 3 MONTHS

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

I. REMARKS

[illegible]

J. MILITARY

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

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

K. PRODUCER'S STATEMENT

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

I certify that:

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

→ Signature of producer **X** _____ Date _____



Prudential

IMPORTANT NOTICE ABOUT YOUR APPLICATION FOR INSURANCE

The Prudential Insurance Company of America
Pruco Life Insurance Company

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

This notice tells you about the information practices we will employ in evaluating your application for insurance. Information about Prudential’s information policies and practices relating to its customers and former customers is provided in our Privacy Notice.

UNDERWRITING INFORMATION AND PRACTICES

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

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

DISCLOSING INFORMATION

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

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

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

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

YOUR RIGHT TO INFORMATION

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

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



Prudential

PRULIFE® SURVIVORSHIP INDEX UL INSURANCE SUPPLEMENT

Supplementary Declarations Forming a Part of the Application for Insurance

Pruco Life Insurance Company
A Prudential Financial company.

POLICY NUMBER (IF KNOWN): _____

FIRST PROPOSED INSURED (1ST PI): _____

SECOND PROPOSED INSURED (2ND PI): _____

A. GENERAL INFORMATION

Use this form to select allocation instructions for payments and to select Designated Transfers.

In any month in which sufficient funds are not available to satisfy all of the instructions provided, transfers from the Fixed Account will take place in the following priority order:

1. Maturing Index Segment Allocation Instructions
2. Requested Transfers Allocation Instructions (available after issue)
3. Designated Transfers Allocation Instructions
4. Payment Allocation Instructions

B. PAYMENT ALLOCATION INSTRUCTIONS (REQUIRED)

The Survivorship Index Universal Life policy you are applying for provides for automatic transfers of premiums and other amounts paid into the policy from the Fixed Account to Indexed Accounts. Amounts eligible for transfer are described in the policy.

Important conditions and requirements:

- Percentages selected must be whole numbers (for example, 33⅓ is invalid).
- The sum of all percentages must equal 100 percent.

Until you provide revised instructions, as funds become eligible for transfer, we will transfer those amounts as you indicate below:

Retain in: Fixed Account:	_____ %
Transfer to: *S&P 500® Indexed Account:	_____ %
Transfer to: *S&P 500® Indexed Account with Multiplier:	_____ %
Transfer to: *S&P 500® Uncapped Indexed Account:	_____ %
Total	100 %

C. DESIGNATED TRANSFERS (OPTIONAL)

Your policy allows you to specify a dollar amount to be transferred monthly on the Transfer Date, from the Fixed Account to Indexed Accounts. Transfers will continue until the sooner of:

- You discontinue Designated Transfers, or
- The number of months you specify has elapsed since the first designated transfer.

Use of this feature requires that at least a portion of your payment allocations in Section B be directed to the Fixed Account.

Important conditions and requirements:

- Percentages selected must be whole numbers (for example, 33⅓ is invalid).
- The sum of all percentages must equal 100 percent.

Until you provide revised instructions, as funds become eligible for transfer, we will transfer amounts monthly as you indicate below:

Dollar amount of Designated Transfers: \$ _____

Transfer to:

*S&P 500® Indexed Account:	_____ %
*S&P 500® Indexed Account with Multiplier	_____ %
*S&P 500® Uncapped Indexed Account:	_____ %
Total	100 %

Number of months for Designated Transfers: _____ or ☐ unlimited

If the Fixed Account is only sufficient for us to transfer part of your Designated Transfers amount, then the entire available amount will be transferred. Months where no transfer or only a partial transfer takes place because the Fixed Account is insufficient, will count against the number of months elapsed in your instructions.



D. MATURING INDEX SEGMENT ALLOCATION INSTRUCTIONS (OPTIONAL)

Proceeds from maturing index segments will be moved into the Fixed Account, then transferred from the Fixed Account to Indexed Accounts, after deductions from the Fixed Account.

Until you provide revised instructions, as index segments mature, proceeds from each maturing index segment will be allocated to a new segment in the same Indexed Account.

Other options for allocating proceeds from maturing index segments are available, including allocating these proceeds to the Fixed Account and / or other Indexed Accounts. In order to change your maturing index segment allocation instructions, please use the *Request for Transfer / Allocation Change* form (form # ORD 115318).

E. DISCLOSURES AND ACKNOWLEDGEMENTS

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

I understand and acknowledge that:

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

➔ Signature of 1st policyowner **X** _____ Date ____ / ____ / ____

➔ Signature of 2nd policyowner **X** _____ Date ____ / ____ / ____

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



Pruco Life Insurance Company

Pruco Life Insurance Company of New Jersey

Both are Prudential Financial companies.

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

PruLife® Survivorship Index UL is a Survivorship Universal Life insurance product with a death benefit payable upon the death of the second insured to die. It offers the opportunity to earn interest based in part on the performance of the S&P 500® Index, subject to a participation rate, index growth cap, index multiplier, index spread, and index growth floor (see Key Terms below). It is important that you understand how this feature operates.

Note: The S&P 500® index values used in the Indexed Account calculations are exclusive of dividends. **Although the Indexed Accounts provide interest linked to the S&P 500® Index, money placed in an Indexed Account is not a direct investment in the S&P 500® Index.**

1. KEY TERMS

Fixed Account: This is the account into which all net premium payments, reinstatement premiums, loan repayments, loan interest credits, and amounts from matured Indexed Account segments are applied. It is the source of all funds transferred to the Indexed Accounts and the destination of all transfers from matured index segments. The Fixed Account credits interest at the guaranteed minimum rate specified in the contract, plus any excess interest that the company in its discretion decides to credit. The Fixed Account is also the primary account from which monthly charges, withdrawals, and loans are deducted.

Indexed Accounts: An Indexed Account is an account with values determined using an index value. The Indexed Accounts available for this policy are:

- S&P 500® Indexed Account
- S&P 500® Indexed Account with Multiplier
- S&P 500® Uncapped Indexed Account

Subject to policy provisions, you may elect to transfer funds to the Indexed Accounts. The index growth rate for segments in an Indexed Account is guaranteed never to be less than zero, even if the S&P 500® Index has a negative return during the one-year segment duration. The Index Interest is based on the S&P 500® Index (which excludes dividends).

Index Segment: Whenever a transfer is made from the Fixed Account to an Indexed Account, a new index segment is created. The effective date of the transfer is the segment's start date. The segment has a specified duration of one year, and once the duration has elapsed, the segment matures on its segment maturity date. Index Interest is credited on each segment at segment maturity. Upon segment maturity, the matured segment value is transferred to the Fixed Account prior to being allocated to various accounts according to your maturing index segment allocation instructions.

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

Allocation Instructions: When you apply for this policy, you designate a percentage of eligible funds to be transferred to the Indexed Accounts or retained in the Fixed Account. You may provide allocation instructions for many events in your policy, as described below. When more than one of the following events takes place on the same day, the instructions will be processed in the following order:

1. **Maturing index segment allocation instructions** apply to money moved into the Fixed Account as a result of maturing index segments.
2. **Requested Transfers allocation instructions** apply to any single transfer that is requested.
3. **Designated Transfers allocation instructions** apply to any Designated Transfers requested to take place on an ongoing monthly basis, for the number of months requested.
4. **Payment allocation instructions** will apply to amounts received in the policy from net premium payments, reinstatement payments, traditional loan repayments, and loan interest credits received since the last transfer date.

(CONTINUED)



1. KEY TERMS (CONTINUED)

Allocation Instructions (continued): You may change your allocation instructions at any time. New instructions will take effect on the next available transfer date. Prudential reserves the right to delay requests for allocation changes to the following transfer date if they are received within two business days prior to a transfer date.

Transfers: Transfers from the Fixed Account to the Indexed Accounts take place as of the transfer date defined in your policy, based upon product rules and your standing allocation instructions. Payments received into the policy are transferred into the Indexed Accounts on the next available transfer date, or retained in the Fixed Account according to your payment allocation instructions. If you select Designated Transfers, the dollar amount you specify (up to the available amount) will be transferred monthly on the transfer date, from the Fixed Account to the Indexed Accounts, according to your Designated Transfers allocation instructions. You may also request a single transfer at any time, which will be transferred from the Fixed Account to the Indexed Accounts on the next available transfer date, according to your requested transfer allocation instructions. As index segments mature, the value of those segments is transferred back to the Fixed Account. No index segments are created during the first 10 calendar days after you receive the policy. Prudential reserves the right to delay transfer of payments received later than two business days prior to a transfer date to the following transfer date. In addition, Prudential reserves the right to delay Requested Transfers or Designated Transfers to the following transfer date, if the request for these transactions is received later than two business days prior to a transfer date.

Transfer Date: The transfer date for your policy is the 15th day of each month. If the 15th of the month falls on a weekend or holiday, the transfer will be processed on the next business day, but will use the last published index values preceding the transfer day. For example, May 15, 2021, falls on a Saturday; therefore, the transfer to the index segment would process on May 17, 2021. Similarly, when the Index Interest is credited in May of 2022, it would be based on the closing index values from Friday, May 14, 2021, and Friday, May 13, 2022, since May 15, 2022 falls on a Sunday.

Index Growth Cap: The index growth cap is used to determine the highest rate of interest that will be credited on a given index segment. The current growth cap rate for an index segment is determined in advance. It may be raised or lowered at Prudential's discretion before the segment is opened, but will never be lower than the guaranteed minimum index growth cap stated in the policy. Once an index segment is created, its index growth cap will not change.

Index Growth Floor: The index growth floor is the minimum rate of interest that will be credited on a given index segment. The current growth floor rate for an index segment is determined in advance. It may be raised or lowered at our discretion before the segment is opened, but will never be lower than the guaranteed minimum index growth floor stated in the policy (0% in all states). Once an index segment is created, its index growth floor will not change. The floor is not a guarantee against loss, as the deduction of charges and expenses could reduce the overall cash value of the policy. See the section on insurance charges for additional information.

Participation Rate: The participation rate is the percent of the gain (if any) in the index value that is applied against the growth cap and floor. The guaranteed minimum participation rate and the current declared rate for the Indexed Accounts is 100%. Participation rates for new segments may change, but they will never be lower than 100%. Once an index segment is created, its index participation rate will not change.

Index Multiplier: The index multiplier is a factor used in determining index interest for each Indexed Account segment in the S&P 500® Indexed Account with Multiplier. The index multiplier may change over time, but will never be lower than the guaranteed minimum index multiplier shown in the policy for an Indexed Account. The index multiplier for a given index segment is determined at the segment start date and will not change.

Index Spread: The index spread is used in determining Index Interest for each Indexed Account segment in the S&P 500® Uncapped Indexed Account. The index spread may change over time, but will never be greater than the guaranteed maximum index spread shown in the policy for an Indexed Account. The index spread for a given index segment is determined at the segment start date and will not change.

Changes to the participation rate, index multiplier, index spread, index growth floor, and index growth cap are not tied to the performance of the underlying index or its value. Note that the most current cap, floor, multiplier, spread, and participation rates can be found at www.prudential.com/universallife, or obtained by contacting your financial advisor or our customer service office at (800) 778-2255, Monday through Friday, 8:00 a.m. to 8:00 p.m., Eastern time. If you are using a telecommunications device for the hearing impaired, please call (800) 778-8633, Monday through Friday, 8:00 a.m. to 6:00 p.m., Eastern time.

(CONTINUED)

1. KEY TERMS (CONTINUED)

Index Growth Rate: The index growth rate equals: (a) divided by (b), minus 1, then times (c), but not greater than (e), then multiply by (f), then subtract (g), but not less than (d), where:

(a) = the index value on the segment maturity date

(b) = the index value on the segment start date

(c) = the participation rate

(d) = the index growth floor

(e) = the index growth cap (if applicable)

(f) = the index multiplier (if applicable)

(g) = the index spread (if applicable)

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

Index Interest: This is the interest amount calculated for an index segment, calculated as the average daily segment value for the index segment, multiplied by the index growth rate. On each segment maturity date, Index Interest for the segment is credited to the segment before the segment value is transferred to the Fixed Account.

2. PREMIUMS AND CHARGES

What happens when I pay a premium?

When you pay premiums, a portion of each payment is used to pay administrative and sales charges; what's left, called the net premium, is applied to the account value, which is also known as the Contract Fund. As monthly charges come due, they are then deducted from the Contract Fund. Monthly charges include the cost of insurance, monthly administrative charges, and the cost of any optional benefits you choose. In this policy, net premiums are generally held in the Fixed Account until the transfer date.

How do monthly charges, partial withdrawals and loans affect my account values?

Monthly charges and any withdrawals or loans that you take, along with any associated charges such as surrender charges, will first be deducted from the Fixed Account and then, if necessary, from any active index segments. Deductions from index segments will come first from the most recent segment and last from the segment closest to maturing. For more than one index segment created on the same date, amounts will be taken from these segments in proportion to the value of these segments.

Loaned funds will be credited with interest to the Contract Fund at the rate specified in the contract, but will be ineligible for Index Interest and any excess interest that would normally be credited to the Fixed Account. You will be billed once a year for interest accrued on the loan. If you elect to repay a portion of the loan, it will be applied to the Fixed Account and will once again become eligible for transfer to the Indexed Accounts.

3. TRANSFERS TO AND FROM THE INDEXED ACCOUNTS

What are the product rules governing the transfer of funds?

On the 15th of each month after the first 10 calendar days following policy delivery, a transfer may occur. You may designate between 0% and 100% (in whole percentages) of eligible funds to be transferred to the Indexed Accounts.

How do I change my allocation instructions?

You may change your allocation instructions by submitting a Request for Change of Allocation Instructions (Form ORD 115318). This form is available through our website at www.prudential.com or by calling our customer service office at (800) 778-2255, Monday through Friday, 8:00 a.m. to 8:00 p.m., Eastern time. If you are using a telecommunications device for the hearing impaired, please call (800) 778-8633, Monday through Friday, 8:00 a.m. to 6:00 p.m., Eastern time. One of our customer service representatives will be happy to help you. Prudential reserves the right to delay changes in allocation instructions received later than two business days prior to a transfer date, until the following transfer date.

4. INDEX INTEREST

How is Index Interest calculated in the Indexed Account?

Any Index Interest is credited to an Indexed Account segment on its segment maturity date (assuming the policy remains in force on that date). Index Interest equals the index growth rate multiplied by the average daily segment value.

Index Interest calculation examples:

These examples demonstrate how to calculate the Index Interest that will be credited (if any) to an Indexed Account segment on the segment's maturity date. All values and rates in the examples (unless guaranteed) are hypothetical and do not attempt to predict or reflect actual results. Additionally, the examples use an index growth cap that may be more or less than the actual index growth cap for any segment. **Please contact your financial advisor or go to www.prudential.com/universallife to access current index growth cap information.**

(CONTINUED)

4. INDEX INTEREST (CONTINUED)

Each Indexed Account will perform better than the others under certain market conditions. There is a tradeoff for each Indexed Account, and your selections will be based on your own personal outlook on market conditions and tolerance for risk.

EXAMPLE 1: Demonstrates the Index Interest credited for an index segment in the **S&P 500® Indexed Account**.

Assumptions:

- Participation Rate: 100%
- Index Growth Cap: 10.5%
- Index Growth Floor: 0%
- Average Daily Segment Value: \$1,000

Step 1

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

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

S&P 500® Index Value on segment start date: 1,389

$$\frac{2,700}{2,500} - 1 = 8.00\%$$

Step 2

Next, multiply Step 1 by the participation rate:

$$8.00\% \times 100\% = 8.00\%$$

Step 3

Next, compare Step 2 to the index growth cap. Since 8.00% is less than the index growth cap, 8.00% is the rate selected in this step.

Step 4

Calculate the Index Interest by multiplying the index growth rate of 8% determined in Step 3 by the average daily segment value.

$$8.00\% \times \$1,000 = \$80$$

The \$80 of Index Interest is credited to the policy on the segment maturity date.

EXAMPLE 2: Demonstrates the Index Interest credited for an index segment in the **S&P 500® Indexed Account with Multiplier**.

Assumptions:

- Participation Rate: 100%
- Index Growth Cap: 8.5%
- Index Growth Floor: 0%
- Index Multiplier = 1.15
- Average Daily Segment Value: \$1,000

Step 1

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

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

S&P 500® Index Value on segment start date: 1,389

$$\frac{2,700}{2,500} - 1 = 8.00\%$$

Step 2

Next, multiply Step 1 by the participation rate:

$$8.00\% \times 100\% = 8.00\%$$

Step 3

Next, compare Step 2 to the index growth cap. Since 8.00% is less than the index growth cap, 8.00% is the rate selected in this step.

Step 4

Next, multiply by the index multiplier:

$$8.00\% \times 1.15 = 9.20\%$$

Step 5

Calculate the Index Interest by multiplying the index growth rate of 9.20% determined in Step 4 by the average daily segment value.

$$9.20\% \times \$1,000 = \$92$$

The \$92 of Index Interest is credited to the policy on the segment maturity date.

EXAMPLE 3: Demonstrates the Index Interest credited for an index segment in the **S&P 500® Uncapped Indexed Account**.

Assumptions:

- Participation Rate: 100%
- Index Growth Cap: Not Applicable
- Index Growth Floor: 0%
- Index Spread = 4.00%
- Average Daily Segment Value: \$1,000

Step 1

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

S&P 500® Index Value on segment maturity date: 2,700

S&P 500® Index Value on segment start date: 2,500

$$\frac{2,700}{2,500} - 1 = 8.00\%$$

Step 2

Next, multiply Step 1 by the participation rate:

$$8.00\% \times 100\% = 8.00\%$$

Step 3

Next, compare Step 2 to the index growth cap. Since the index growth cap is not applicable, 8.00% is the rate selected in this step.

Step 4

Next, subtract the index spread:

$$8.00\% - 4.00\% = 4.00\%$$

Step 5

Calculate the Index Interest by multiplying the index growth rate of 4.00% determined in Step 4 by average daily segment value:

$$4.00\% \times \$1,000 = \$40$$

The \$40 of Index Interest is credited to the policy on the segment maturity date.

5. ALTERNATE CONTRACT FUND

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

The ACF also provides protection against lapse. If the cash value, net of any outstanding policy loans, when considering the ACF is sufficient to cover monthly charges as they come due, the policy will not enter default. When loans are taken, the loaned funds also earn 1% toward the ACF value. Unpaid loan interest is added to the loan principal when due and becomes part of the loan balance.

6. REVIEWING POLICY VALUES

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

Once each year you will receive an *Annual Statement* of policy values. This statement will provide:

- The value of your policy as of the last day of the policy year.
- Details on new index segments created or matured during the statement period. For matured segments, you will see the index growth rate credited on the segment, based on the performance of the index and applicable caps, floors, multipliers, spreads, and participation rates.
- The current Indexed Account cap, floor, multiplier, spread, and participation rates as of the date the statement is produced. These are subject to change.

Your *Annual Statement* will also provide two projections of how long your policy will remain in force based on contractual guarantees: one assumes no further payments, and the other assumes continued payment of the billed premium. For projections using non-guaranteed assumptions, you may request an in force illustration.

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

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

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



Prudential

PRULIFE® SURVIVORSHIP INDEX UL DISCLOSURE

Pruco Life Insurance Company
Pruco Life Insurance Company of New Jersey

Both are Prudential Financial companies.

POLICY NUMBER (IF KNOWN): _____

FIRST PROPOSED INSURED (1ST PI): _____

SECOND PROPOSED INSURED (2ND PI): _____

ACKNOWLEDGEMENT

PRODUCER'S STATEMENT

I acknowledge that the *PruLife Survivorship Index UL Disclosure* was provided to the policyowner(s) prior to or concurrent with the application for life insurance for the proposed insureds.

Signature of Producer **X** _____ Date Signed _____

POLICYOWNER(S) ACKNOWLEDGEMENT

I confirm that I have read and received a copy of the *PruLife Survivorship Index UL Disclosure* (ORD 115317 Ed. 2019) explaining the following:

- The policy offers allocation of money among the Fixed Account and Indexed Accounts. The allocations I choose determine the method used to calculate the amount of interest, if any, applied to the policy's Contract Fund.
 - **Allocation Instructions** – I may designate between 0% and 100% (in whole percentages) of eligible funds to be transferred to the Indexed Accounts. I may select different allocation instructions for each of the following types of transactions: Payments, Requested Transfers, Designated Transfers, and Maturing index segments.
 - **Fixed Account** - Amounts in the Fixed Account earn interest, credited daily, at the guaranteed minimum rate specified in the contract, plus any excess interest at a rate periodically declared by the company.
 - **Indexed Accounts** – Index Interest, if any, is credited at segment maturity based on the S&P 500® index values, participation rate, index growth cap, index growth floor, index multiplier, index spread, and average daily segment value. The Index Interest rate is guaranteed never to be less than 0%, even if the S&P 500® Index has a negative return during the one-year segment duration.
- After the policy is issued and as long as it remains in effect, I have the ability to change my allocation instructions according to the terms and conditions of the policy.
- Hypothetical rates of return included in this disclosure and on illustrations are not indicative of future Index Interest or actual interest credited to the Fixed Account.
- The Alternate Contract Fund is an alternative way to calculate insurance benefit and cash surrender values. Regardless of Indexed Account performance, it guarantees a cumulative return of 1% annually on net premiums, deducting the same withdrawals and charges as the Contract Fund (other than the asset-based administrative fee). Interest is credited to both the non-loaned and loaned amounts. There is no guarantee that the Alternate Contract Fund will be a positive value as charges and other deductions can deplete it.
- The life insurance policy I am applying for is not a variable contract or any type of investment contract. The S&P 500® Index Values used in Indexed Account calculations are exclusive of dividends. **Although the Indexed Account provides interest linked to the performance of the S&P 500® Index, money placed in an Indexed Account segment is not a direct investment in the S&P 500® Index.**

➔ Signature of Policyowner **X** _____ Date Signed _____

➔ Signature of Policyowner **X** _____ Date Signed _____

➔ Signature of Policyowner **X** _____ Date Signed _____





Prudential

Pruco Life Insurance Company,
a Prudential company

California Disclosure Regarding The No-Lapse Guarantee

Important Notice

This policy is guaranteed to stay in force for a number of years as long as you have paid at least as much as the required premiums. This is called the No-Lapse Guarantee.

Even though it contains a No-Lapse Guarantee, this policy may provide nonforfeiture benefits (such as cash surrender values) which are less than those that would be provided if the No-Lapse Guarantee were issued as a separate policy (for example, as a term policy). However, the premiums for the term policy might be higher than those for the No-Lapse Guarantee in this policy.

When considering the purchase of this policy, you should consider the value to you of higher nonforfeiture benefits versus the level of the premiums required to keep your insurance coverage in force.

Prudential Financial is a service mark of the The Prudential Insurance Company of America, Newark, NJ, USA and its affiliates.

Corporate Office: 751 Broad Street, Newark, New Jersey 07102-3777

ORD 112358 Ed. 2001

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Applicant's Copy



Prudential

Pruco Life Insurance Company,
a Prudential company

California Disclosure Regarding The No-Lapse Guarantee

Important Notice

This policy is guaranteed to stay in force for a number of years as long as you have paid at least as much as the required premiums. This is called the No-Lapse Guarantee.

Even though it contains a No-Lapse Guarantee, this policy may provide nonforfeiture benefits (such as cash surrender values) which are less than those that would be provided if the No-Lapse Guarantee were issued as a separate policy (for example, as a term policy). However, the premiums for the term policy might be higher than those for the No-Lapse Guarantee in this policy.

When considering the purchase of this policy, you should consider the value to you of higher nonforfeiture benefits versus the level of the premiums required to keep your insurance coverage in force.

Prudential Financial is a service mark of the The Prudential Insurance Company of America, Newark, NJ, USA and its affiliates.

Corporate Office: 751 Broad Street, Newark, New Jersey 07102-3777

ORD 112358 Ed. 2001

Page 1 of 1
Agent's Copy



Authorization to Disclose Information to General Agent or Broker

The Prudential Insurance Company of America
Pruco Life Insurance Company
Pruco Life Insurance Company of New Jersey,
all are Prudential Financial companies
Corporate Offices, Newark, New Jersey 07102 – 973-802-6000

I, _____,
(Print name of proposed Insured)

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

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

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

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

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

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

Signature of Proposed Insured

Date



2 MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION

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

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

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

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

Account owner type: ☐ Individual ☐ Corporate ☐ Trust ☐ Other _____

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

Address _____

City/State/ZIP code _____

Bank Information

Account type: ☐ Savings ☐ Checking

Name of financial institution _____ Telephone number _____

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

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

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

For Initial Premium E-Pay

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

For Monthly EFT

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

For Initial Premium E-Pay or Monthly EFT

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

X _____

Account owner's signature

_____ Date (month/day/year)

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

ORD 114416 Ed. 8/2009

Page 2 of 2

Return this page to Prudential



Prudential

LIMITED INSURANCE AGREEMENT

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: ☒ _____ Date: ____/____/____
(Parent/Guardian when proposed insured age is less than 18)

➔ Signature of policyowner(s): ☒ _____ Date: ____/____/____
(If different from proposed insured Parent/Guardian when proposed insured age is less than 18)

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

➔ Signature of producer: ☒ _____ Date: ____/____/____



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.



Prudential

BENEFICIARY INFORMATION REQUEST

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

POLICY NUMBER: _____

PROPOSED INSURED: _____

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

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

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

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

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

Beneficiary(ies):

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SSN/TIN: _____ Relationship to proposed insured: _____

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SSN/TIN: _____ Relationship to proposed insured: _____

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SSN/TIN: _____ Relationship to proposed insured: _____

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SSN/TIN: _____ Relationship to proposed insured: _____



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

Proposed Child(ren):

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SSN: _____

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SSN: _____

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

Proposed Owner(s):

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SSN/TIN: _____

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SSN/TIN: _____

Name: First: _____ Middle: _____ Last: _____

Address: Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____ SSN/TIN: _____



Prudential

AUTHORIZATION TO RELEASE INFORMATION

Corporate Offices, Newark, New Jersey

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

Important Notice Regarding Replacement

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

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

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

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

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

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

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

Applicant's Signature

Agent's Signature

Date





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Agent's Signature

Date



Instructions All customers age 65 and older must be provided this disclosure when soliciting the sale of an annuity or life insurance product. This disclosure must be signed and dated by the customer and their spouse and legal representative, if applicable. Retain a copy for your files. Do not submit a copy to Prudential.

Important Notice **Notice: To California residents purchasing life insurance or annuities.**
The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation. You or your personal representative may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

Notice Regarding Standards For Medi-Cal Eligibility and Recovery **For Distribution by Insurers, Agents, and Brokers**
IF YOU OR YOUR SPOUSE ARE CONSIDERING PURCHASING A FINANCIAL PRODUCT BASED ON ITS TREATMENT UNDER THE MEDI-CAL PROGRAM, READ THIS IMPORTANT MESSAGE!

You or your spouse do not have to use up all of your savings before applying for Medi-Cal.

Recovery

An annuity purchased on or after September 1, 2004, shall be subject to recovery by the state upon the annuitant's death under the regulations of the Medi-Cal Recovery Program. Income derived from the annuity must be used to meet the annuitant's share of costs and, if the annuitant is married, the income derived from the annuity may impact the minimum monthly maintenance needs of the annuitant's community spouse. An annuity purchased by a community spouse on or after September 1, 2004, may also be subject to recovery if that spouse is the recipient of past or future Medi-Cal benefits.

Unmarried Resident

An unmarried resident may be eligible for Medi-Cal benefits if he/she has less than \$2,000 in countable resources.

The Medi-Cal recipient is allowed to keep from his/her monthly income a personal allowance of \$35 plus the amount of any health insurance premiums paid. The remainder of the monthly income is paid to the nursing facility as a monthly share-of-cost.

Married Resident

Community Spouse Resource Allowance: If one spouse lives in a nursing facility and the other spouse does not live in a facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than \$109,560 in countable resources.

Minimum Monthly Maintenance Needs Allowance: If a spouse is eligible for Medi-Cal payment of nursing facility costs, the spouse living at home is allowed to keep a monthly income of at least his/her individual monthly income, or \$2,739 in monthly income, whichever is greater.

Fair Hearings and Court Orders

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge or court that will allow the at-home spouse to retain additional resources or income. The order may allow the couple to retain more than \$109,560 in countable resources. The order also may allow the at-home spouse to retain more than \$2,739 in monthly income.

**Notice
Regarding
Standards
For Medi-Cal
Eligibility
and
Recovery
(continued)**

Real and Personal Property Exemptions

Many of your assets may already be exempt. Exempt means that the assets are not counted when determining eligibility for Medi-Cal.

Real Property Exemptions

- *One principal residence.* One property used as a home is exempt. The home will remain exempt in determining eligibility if the applicant intends to return home someday.
The home also continues to be exempt if the applicant's spouse or dependent relative continues to live in it.
Money received from the sale of a home can be exempt for up to six months if the money is going to be used for the purchase of another home.
- *Real property used in a business or trade.* Real estate used in a trade or business is exempt regardless of its equity value and whether it produces income.

Personal Property and Other Exempt Assets

- *IRAs, KEOGHs, and other work-related pension plans.* These funds are exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal, and payments of principal and interest are being received, the balance is considered unavailable and is not counted. It is not necessary to annuitize, convert to an annuity, or otherwise change the form of the assets in order for them to be unavailable.
- *Personal property used in a trade or business.*
- *One motor vehicle.*
- *Irrevocable burial trusts or irrevocable prepaid burial contracts.*

There may be other assets that may be exempt.

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. Also, you are advised to contact a legal services program for seniors or an attorney that is not connected with the sale of this product.

Please note: If you seek Medi-Cal payment for nursing facility services, you may be ineligible for those services if payments from your annuity extend beyond your life expectancy based upon life expectancy tables adopted by the Department of Health Care Services for this purpose. To find out about these tables, you may contact your local county welfare department.

Finally, the Department of Health Care Services is currently refining its policy regarding the treatment of annuities when determining eligibility for nursing facility services. Any regulatory changes will only impact annuities that are purchased after the effective date of any regulatory amendments.

Different rules apply to annuities that are qualified retirement arrangements established pursuant to Title 26, Internal Revenue Code, Subtitle A, Chapter 1, Subchapter D, Part 1. In some circumstances, Medi-Cal does not count funds held in an IRA, Keogh, or other work-related retirement arrangement. To find out if Medi-Cal would count your IRA, Keogh, or work-related retirement arrangements, you may contact your local county welfare department.

I have read the above notice and have received a copy.

Purchaser signature _____

Spouse's signature _____

Legal representative signature _____