



Prudential

APPLICATION FOR LIFE INSURANCE

PART 1

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

POLICY NUMBER (IF KNOWN): _____

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

- Name: _____
- Previous name (if changed in the last 5 yrs.): _____
- Social Security number: _____
- State of birth (Country if not U.S.): _____
- Gender: ☐ Female ☐ Male
- Date of birth: ____/____/____
- Date policy to Save Age? ☐ Yes ☐ No
- 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 : _____
- Driver's license issuing state: _____ Number: _____ Expiration date: _____
 If None, why not? : _____
- Residence address (No PO boxes): Street _____ Apt _____
 City _____ State _____ ZIP _____
- e-mail address: _____
- Home telephone number: _____ Business telephone number (ext.): _____
- Current employer name: _____
 Business address: Street _____ Suite _____
 City _____ State _____ ZIP _____
- Occupation: _____
 Duties: _____
- Earned annual income \$ _____ Unearned annual income \$ _____ Net worth \$ _____

B. PLAN OF INSURANCE

- 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.**
- Product applied for:

<input type="checkbox"/> Term Essential®: <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30	<input type="checkbox"/> PruLife® Index Advantage (IAUL) Complete the IAUL Supplement.
<input type="checkbox"/> Term Elite®: <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30	<input type="checkbox"/> PruLife® Essential Universal Life (EUL)
<input type="checkbox"/> ROP Term: <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 30	<input type="checkbox"/> PruLife® Universal Protector (UL Protector)
<input type="checkbox"/> PruLife® Custom Premier II (PCP II) Complete the Variable Supplement.	<input type="checkbox"/> VUL ProtectorSM (VULP) Complete the Variable Supplement.
<input type="checkbox"/> PruLife® Founders Plus (FPF) Complete the FPF Supplement.	<input type="checkbox"/> Other: _____
- For **UL and VUL products only**: Death Benefit type: ☐ Type A (Level) ☐ Type B (Variable) – **N/A for UL Protector**
☐ Type C (Return of Premium) – **N/A for UL Protector & VULP.** – Interest rate: _____%
- For **UL and VUL products only**: Definition of life insurance:
☐ Cash Value Accumulation Test (CVAT) ☐ Guideline Premium Test (GPT)
- Requested Optional Benefits: (Not all benefits are available for all products.):

<input type="checkbox"/> Waiver of Premium/Enhanced Disability Benefit	<input type="checkbox"/> Overloan Protection Rider
<input type="checkbox"/> Acceleration of Death Benefit (Living Needs Benefit)	<input type="checkbox"/> Child Rider Complete Child Rider Supplement.
<input type="checkbox"/> Accidental Death Benefit: Amount \$ _____	<input type="checkbox"/> Automatic Premium Loan
<input type="checkbox"/> BenefitAccess Rider Complete BenefitAccess Rider Supplement.	<input type="checkbox"/> Enhanced Cash Value Rider
If applicable, Select Max Monthly Benefit Percentage <input type="checkbox"/> 2% or <input type="checkbox"/> 4%	
<input type="checkbox"/> Other Riders/Benefits (indicate amount where applicable): _____	

C. PREMIUM

- Send notices (check one): ☐ Policyowner ☐ Other recipient: _____
 Send notices (check one): ☐ Policyowner's residence ☐ Other address: _____
 Street _____ Apt _____
 City _____ State _____ ZIP _____
- Premium payment mode: ☐ Annual ☐ Semiannual ☐ Quarterly ☐ Monthly – Electronic Funds Transfer
- For non-term plans, billed premium: \$ _____



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

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

1. Name of owner: _____
2. Social Security/Tax identification number (SSN/TIN): _____
3. Residence address (No PO boxes): Street _____ Apt _____
City _____ State _____ ZIP _____
4. Owner's email address: _____
- 5a. For trust owner: **Complete the *Trustee Statement and Agreement* (COMB 86044).**
Trust date: ____ / ____ / ____
Trustee(s) _____
Type: ☐ Revocable ☐ Irrevocable ☐ Qualified Retirement Plan Trust ☐ Welfare Benefit Trust
- 5b. For business owner: **Complete the *Business Supplement*.**
Form: ☐ Corporation ☐ Partnership ☐ Sole proprietorship ☐ Other: _____
☐ S Corporation ☐ LLC ☐ Tax exempt
- 5c. For personal owner:
Total insurance program: Currently in-force: \$ _____ Pending applications: \$ _____
Relationship to Proposed Insured: _____ Date of birth: ____ / ____ / ____
Earned annual income: \$ _____ Unearned annual income: \$ _____ Net worth: \$ _____

E. BENEFICIARY DETAILS

If insurance is for business purposes, also complete the Business Insurance Supplement. If beneficiary is a trust, provide name of trust and trustee(s), date of trust and if trust is revocable or irrevocable. If beneficiary is a business, please list name of business, city and state where located and the form of business.

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

F. INSURANCE HISTORY

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

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

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

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

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

(CONTINUED)

F. INSURANCE HISTORY (CONTINUED)

6. Is the proposed insured or proposed owner considering the transfer or sale to a life settlement company or other investor of: policy ownership; or, any interest in the policy benefits, either directly as a named beneficiary or indirectly as a beneficiary or owner of a trust or other entity? ☐ Yes ☐ No

If Yes, provide details : _____

G. GENERAL INFORMATION

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

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

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

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

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

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

6. Will you live or travel outside the United States within the next 12 months? ☐ Yes ☐ No

Details required include location (city/country), frequency, duration and purpose of each trip.

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

H. SPECIAL REQUESTS

PART 2**A. PERSONAL PHYSICIAN INFORMATION**

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

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

B. PHYSICAL MEASUREMENTS

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

C. FAMILY HISTORY

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

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

D. MEDICAL INFORMATION

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

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.**

[illegible]

AGREEMENTS

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

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

FRAUD WARNING

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

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

SIGNATURES

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

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

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

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

Signed at (STATE) _____ on (DATE) _____

→ Signature of proposed insured **X** _____

If policyowner is different from the proposed insured:

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

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

Name of entity _____

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

Title of officer/trustee(s) _____

→ Signature of producer **X** _____



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

BEFORE SUBMITTING THE APPLICATION FOR LIFE INSURANCE

- ☐ Confirm that you are appropriately licensed and appointed in the applicable state(s).
- ☐ Refer to the *Product Availability by State* listing on www.pruxpress.com for all product and rider availability.
- ☐ Verify you have the correct state-specific version of the application and other forms, as applicable, for the state you are writing in.
- ☐ Insert the proposed insured's name and, if applicable, policy number on all forms.
- ☐ Provide the *Important Notice About Your Application for Insurance* (ORD 96200B) and the *What Every Consumer Should Know About Life Insurance* brochure to the proposed insured.
- ☐ Provide the *Privacy Notice* to the proposed insured or proposed policyowner(s), if different than the proposed insured, on ALL variable cases.
- ☐ Complete ALL applicable 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 client.**
- ☐ Encourage the client 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 6 of the *Life Insurance Application*. **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 insured is not the policyowner nor the premium notice recipient, and mail cannot be delivered to the proposed insured's residential address provided under "Proposed Insured" (section A). A P.O. box address is acceptable.
- ☐ Complete all information requested on the *Authorization, Acknowledgement and Limited Insurance Agreement* (ORD 96200F for Prudential financial professionals) or the *Authorization to Release Information* (ORD 96200C 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 insured 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 insured 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 insured 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.**

WHEN USING 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* (ORD 96200 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.

WHEN SUBMITTING A PREPAYMENT:

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

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

DO NOT:

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

X Guarantee or imply that Prudential will provide insurance.

X Use correction fluid/tape.

X Accept prepayment if:

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



PROPOSED INSURED: _____

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

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

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

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

PRODUCER #1

Split commission %: _____

Producer name: _____ GA name: _____

Producer contract number: _____ GA contract number: _____

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

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

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

Firm name: _____ Firm contract number: _____

Firm Employer Identification Number: _____

PRODUCER #2

Split commission %: _____

Producer name: _____ GA name: _____

Producer contract number: _____ GA contract number: _____

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

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

Firm name: _____ Firm contract number: _____

Firm Employer Identification Number: _____

C. CASE DETAILS

Who is responsible for the requirement ordering?

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

D. KNOWLEDGE OF PROPOSED INSURED

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

(CONTINUED)



E. SUITABILITY DECLARATIONS (VARIABLE PRODUCTS ONLY)

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

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

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

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

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

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

G. UNDERWRITING CATEGORY QUOTED

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

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

H. PRUDENTIAL/PRUCO POLICIES ISSUED WITHIN 3 MONTHS

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

I. REMARKS

[illegible]

J. MILITARY

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

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

K. PRODUCER'S STATEMENT

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

I certify that:

- The solicitation or sale did NOT take place on a military base or other Department of Defense (DOD) installation;
- I have no knowledge of any factors which may have a negative effect on the proposed insured's insurability;
- I have given the *Important Notice About Your Application for Insurance* to the proposed insured;
- I provided the policyowner with the brochure *What every consumer should know about life insurance* and answered any questions they had about the purchase;
- If required by state regulation, I have read the *Important Notice Regarding Replacement* aloud to the applicant or the applicant did not wish the notice to be read aloud;
- **If this is for the sale of a variable product:** I have provided current copies of the *Privacy Notice* and the *ID Verification Notice* to all owner(s) and legal representative(s) and I have offered the client a choice of a paper prospectus or CD and provided the client with their choice;
- **If this is for the sale of an equity-indexed product:** I have provided the owner(s) with the appropriate disclosures 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;
- **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

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

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

For Life New Business only

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

CLIENT INFORMATION

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

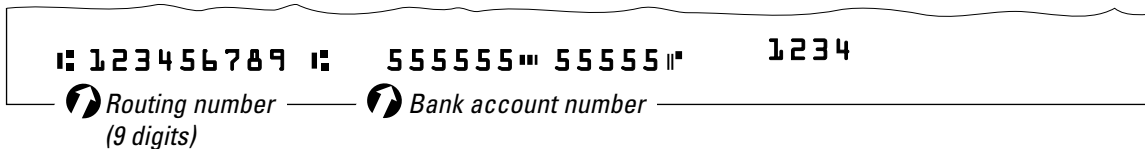
Policy number _____

INSTRUCTIONS

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

Please follow these steps:

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



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

1 INITIAL PREMIUM (E-PAY) INFORMATION

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

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

Address _____

City/State/ZIP code _____

Bank Information

Account type: ☐ Savings ☐ Checking Withdrawal amount \$ _____

Name of financial institution _____ Telephone number _____

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

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

ORD 114416 Ed. 8/2009



2 MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION

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

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

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

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

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

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

Address _____

City/State/ZIP code _____

Bank Information

Account type: ☐ Savings ☐ Checking

Name of financial institution _____ Telephone number _____

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

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

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

For Initial Premium E-Pay

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

For Monthly EFT

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

For Initial Premium E-Pay or Monthly EFT

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

X _____

Account owner's signature

_____ Date (month/day/year)

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

ORD 114416 Ed. 8/2009

Page 2 of 2

Return this page to Prudential



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

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. The address of the MIB’s information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734 and the toll-free telephone number is 866-692-6901.

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.

Customer Service Office
2101 Welsh Road
Dresher, PA 19025-1406



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

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

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

Policy Number: _____

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

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

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

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

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

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

Address: _____

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

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

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

Consent for Testing and Disclosure of Test Results

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

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

Proposed Insured name _____

Address/City/State/ZIP _____

California AIDS Counseling Facilities

AIDS Project – East Bay

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

AIDS Project – Los Angeles

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

AIDS Service Foundation of Orange County

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

ARIS Project

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

San Diego AIDS Project

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

San Francisco AIDS Foundation

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

Central Valley AIDS Team

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

Sacramento AIDS Foundation

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





Prudential

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

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

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

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

Address: _____

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

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

Proposed Insured name _____

Address/City/State/ZIP _____

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2440 Third Avenue
San Diego, CA 92101
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LIFE INSURANCE BUYER'S GUIDE

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

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

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

This guide does not endorse any company or policy.

Important Things to Consider

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

Buying Life Insurance

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

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

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

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

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

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

What About the Policy You Have Now?

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

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

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

How Much Do You Need?

Here are some questions to ask yourself:

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

- How will inflation affect future needs?

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

What Is the Right Kind of Life Insurance?

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

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

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

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

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

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

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

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

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

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

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

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

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

Life Insurance Illustrations

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

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

Finding a Good Value in Life Insurance

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

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

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

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

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Signature of Proposed Insured

Date



WHAT EVERY CONSUMER SHOULD KNOW ABOUT LIFE INSURANCE

IMPORTANT POINTS TO CONSIDER BEFORE BUYING A LIFE INSURANCE POLICY

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

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



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

WHAT IS LIFE INSURANCE?

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

HOW MUCH LIFE INSURANCE SHOULD I OWN?

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

WHY DO I NEED LIFE INSURANCE?

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

The needs most people have



Daily Living Expenses

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



Home

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



Education

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



Last Expenses

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



Retirement

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

If you own a business



Business Continuation

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

TERM OR PERMANENT LIFE INSURANCE—WHICH SHOULD I BUY?

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

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

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

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

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

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

CAN'T I JUST BUY ANOTHER TERM POLICY LATER?

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

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

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

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

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

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



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

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

Here is a snapshot of the types of permanent policies:

► Whole Life

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

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

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

► Universal Life (UL)

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

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

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

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

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

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

► Variable Universal Life (VUL)

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

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

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

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

Snapshot (cont.)

► Survivorship, or Second-to-Die

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

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

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

WHEN SHOULD I GET EACH?

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

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

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

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

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

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

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

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

MORE INFORMATION ABOUT CASH VALUE AND PREMIUMS

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

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

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

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

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

OTHER QUESTIONS YOU MAY HAVE

How Much Will Life Insurance Cost?

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

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

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

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

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

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

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

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

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

Should I Purchase Life Insurance on My Child?

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

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

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

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

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

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

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

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

Entering into a STOLI arrangement could have the following impacts:

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

When Should I Review My Current Coverage?

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

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

What Is Underwriting?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WHO CAN SELL YOUR LIFE INSURANCE POLICIES?

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

How Do They Get Paid if I Buy a Policy?

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

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

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

FINDING WHAT'S RIGHT FOR YOU

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

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

ABOUT PRUDENTIAL FINANCIAL

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

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

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

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

It is possible to lose money by investing in securities.

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

Investment and Insurance Products:

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

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





Prudential

NON U.S. RESIDENT DISCLOSURE FORM

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

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

INSTRUCTIONS

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

A. PERSONAL INFORMATION

1ST PROPOSED INSURED

Name of proposed insured: _____

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

2ND PROPOSED INSURED

Name of proposed insured: _____

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

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

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

B. LOCATION INFORMATION

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

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

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

☐ Yes ☐ No

If No, provide complete details below :

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

C. ACKNOWLEDGEMENTS

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

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

→ Signature of proposed insured(s) **X** _____ Date _____

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

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





Prudential

BUSINESS SUPPLEMENT

Supplementary Declarations Forming a Part of the Application for Insurance

Pruco Life Insurance Company
The Prudential Insurance Company of America

Both are Prudential Financial companies.

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

POLICY NUMBER (IF KNOWN): _____

PROPOSED INSURED: _____

INSTRUCTIONS

Required for all insurance where the purpose of the insurance is for business purposes such as buy-sell, key person coverage or as collateral for a business loan. Submit copies of material that supplements the information requested, such as loan commitments, written buy-sell arrangements, audited financial statements or letters.

A. BUSINESS INFORMATION

1. Source of Financial Information. (Check all that apply.)
☐ Proposed Insured ☐ Accountant/CPA ☐ Banker ☐ Attorney ☐ Producer ☐ Other (specify) _____
2. Who determined the amount of insurance applied for? (Check all that apply.)
☐ Proposed Insured ☐ Accountant/CPA ☐ Banker ☐ Attorney ☐ Producer ☐ Other (specify) _____
3. Name of company: _____
4. When was the business established? (mo/yr) ____ / ____
5. The Proposed Insured is an: ☐ Employee ☐ Owner If owner, percentage of ownership: _____%
6. List amount of business insurance in force and applied for in all companies on each officer or member of the business.

Name	Age	Ownership %	In force Amount	Amount Applied For
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
_____	_____	_____ %	\$ _____	\$ _____
7. Purpose: (Check all that apply and answer all supplemental questions.)
 - a. ☐ **Buy-Sell Arrangement**
 1. Is there a written buy-sell agreement? ☐ Yes ☐ No
 2. Are all other parties to agreement already covered by or applying for comparable amounts of insurance? ☐ Yes ☐ No

If No, explain : _____
 - b. ☐ **Key Person**
 1. Are all other key persons covered by or applying for comparable amounts of insurance? ☐ Yes ☐ No

If No, explain : _____

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

- c. ☐ **Business Loan Collateral**
 1. Is the insurance required by the creditor? ☐ Yes ☐ No
 2. Is the Proposed Insured personally responsible for the loan? ☐ Yes ☐ No
 3. Name of creditor/lending institution: _____
 4. What is the purpose of the loan? _____
 5. What is the amount of the loan? \$ _____
 6. What is the repayment schedule? _____
 7. Date loan was committed: ____ / ____ If not yet committed, please explain: _____



A. BUSINESS INFORMATION (CONTINUED)

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

9. Business values:

a. Assets: \$ _____

c. Gross annual sales and/or revenue: \$ _____

b. Liabilities: \$ _____

d. Net profit after taxes: \$ _____

10. Additional Comments: _____

B. SIGNATURES

If this proposed policy will be an "employer-owned contract" under Internal Revenue Code Section 101(j), I (the owner) acknowledge and understand:

- that the policy death benefit may be income taxable unless I have satisfied the conditions of Section 101(j) **before policy issue**;
- that it remains my responsibility to ensure compliance with the requirements of Sections 101(j) and 6039; and
- that The Prudential Insurance Company of America, its affiliates and producers are not authorized to provide tax or legal advice and that I must look to my legal and tax advisors for information concerning this law.

By signing in the Signature section, I acknowledge my understanding of this information, and that I have or will obtain from my tax or legal advisors whatever advice I deem necessary concerning the taxation of this proposed policy. See Employer-Owned Notice and Consent Form for more information.

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

→ Signature of policyowner **X** _____ Date ____ / ____ / ____

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



Supplementary Declarations Forming a Part of the Application For Insurance

Pruco Life Insurance Company
The Prudential Insurance Company of America
Both are Prudential Financial companies.
 Telephone: 973-802-6000

POLICYOWNER: _____

[illegible]

➔ Signature of producer X 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 _____