



Group Variable Universal Life Insurance
Paid-Up Life Insurance
or Surrender Request

Please print using blue or black ink.

1 Instructions Complete all sections of this form to terminate participation in the Group Variable Universal Life Insurance program. Sign and date the form and send it to the address above. You may send it by fax to 1-800-AICPAIT. You may call toll free 1-800-223-7473 with any questions, Monday - Friday, 8:30 a.m. - 6:00 p.m., Eastern time.

2 Participant Information

First name of participant _____ MI _____ Last name _____
 Street _____ Apt. _____
 City _____ State _____ ZIP code _____
 Group control number _____ Social Security number _____ Daytime telephone number _____
1 4 2 7 3 _____ - _____ - _____
 Has insurance been assigned? Account number
 Yes No _____ - _____

3 Surrender Information I elect to terminate my participation in the Group Variable Universal Life Insurance program. Please check one of the options listed below. If you withdraw any cash value in your insurance program, you must indicate if you want taxes withheld (see section 4b). The cash value to purchase Paid-Up Life Insurance must be at least \$1,000. I wish to:

Purchase Paid-Up Life Insurance with my cash value. I understand that this could cause my Certificate to become a Modified Endowment Contract (MEC).
 Purchase Paid-Up Life Insurance with my cash value *only* if my Certificate will not become a MEC. If this will cause a MEC, then I elect to withdraw my entire cash value.
 Withdraw my entire cash value.

4a Tax Identification Number Certification

Name of Owner or Assignee

 First MI Last

Under penalties of perjury, I certify that:

Check One: I am a U.S. person (including resident alien)
 I am a citizen of _____
 (Attach completed applicable Form W-8 (BEN, EXP, ECI, IMY))

Business name/disregard entity name, if different from above

Check appropriate box for federal tax classification (required):

Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate Exempt payee
 Limited liability company. Enter the tax classification (C=C corporation, S=S Corporation, P=partnership): _____

My Taxpayer Identification Number is: _____
 (For individuals, the Tax Identification Number is the Social Security number.)

The number shown on this form is my correct Tax Identification Number, and I am not subject to backup withholding because I am exempt from backup withholding or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Check here only if you are subject to backup withholding:
 I have been notified by the Internal Revenue Service that I am subject to backup withholding due to underreporting of interest or dividends.

X _____
 Signature of Certificate Owner or (if applicable) Assignee

_____ month _____ day _____ year

4b Withholding Elections

Prudential is required to withhold federal income tax on the taxable portion of distributions (withdrawals) from the Group Variable Universal Life plan unless the participant elects not to have withholding apply. Depending on your state of residence, state income tax withholding also may be required, if federal income tax is withheld. Withholding is a method of paying taxes. It does not increase or decrease the total amount of taxes you may pay. Penalties may be incurred under the estimated tax payment rules if sufficient tax is not paid either through withholding, estimated taxes, or both. Any withholding election you make with respect to your distribution will be effective until revoked.

If you are a resident of AR, CA, DE, IA, KS, LA, ME, MA, NC, OK, OR, VT, or VA and have federal income tax withheld, state income tax withholding also is required from the taxable portion of your distribution. We will withhold at the designated state rate. Please note: If you are a resident of AR, CA, LA, KA, NC, OK, OR or VT and do not want to have state income tax withheld, you may elect out of state withholding by completing item C below.

Please choose either **A**, **B** or **C** below. If this section is not properly completed, Prudential will withhold tax as described in B below.

- A.** Do not withhold federal or state income tax. Please note: If the payment is (i) being sent outside the United States or its possessions, or (ii) if the IRS has notified us that your Social Security number is incorrect, or (iii) you have not completed the Tax Identification Number Certification above, this election is not available.
- B.** Withhold federal and state income tax. (The federal withholding amount will be equal to 10 percent of the taxable portion of your distribution).
- C.** Withhold federal income tax only; do not withhold state income tax. This option only applies if you are a resident in one of the following states: AR, CA, LA, KA, NC, OK, OR or VT.

5 Signature

I understand the above transactions will be processed in accordance with the group contract, with the rules and restrictions described in the Group Variable Universal Life Prospectus. Generally, a check will be issued within seven days of receipt of this form in good order by Aon Benfield Securities, Inc.

Participant's signature **X** _____ month day year

Assignee's signature **X** _____ month day year
(if applicable)

Group Variable Universal Life Insurance (contract series 89759) is issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102 and is distributed by Prudential Investment Management Services LLC (PIMS) located at Three Gateway Center 14th Floor, Newark, NJ 07102-4077, and is offered and administered through Aon Benfield Securities, Inc., Member FINRA/SIPC, 159 East County Line Road, Hatboro, PA 19040-1218, 1-800-223-7473. The Plan Agent of the AICPA Insurance Trust is Aon Insurance Services. Aon Benfield Securities and Aon Insurance Services are not affiliated with either Prudential or PIMS.

Aon Insurance Services is a division of Affinity Insurance Services, Inc.: in CA, MN & OK, (CA Insurance License #0795465) Aon Insurance Services is a Division of AIS Affinity Insurance Agency, Inc.; and in NY is a Division of AIS Affinity Insurance Agency.