



Aon Benfield Securities, Inc.
 159 East County Line Road
 Hatboro, PA 19040-1218

Group Variable Universal Life Insurance
Change Allocation Request

Please print using blue or black ink.

1 Instructions Use this form to change your investment allocations of all future payments to the Certificate Fund. Complete all sections, then 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 **1 4 2 7 3** Social Security number _____ Daytime telephone number _____
 Has insurance been assigned? Yes No Account number _____

3 Future Allocation Instructions I allocate any future premium payments to the investment option(s) specified below. Each fund allocation must be at least 5 percent and must be a whole number (no fractions). Total allocations must equal 100 percent.

Investment option	Percent _____ %	Investment option	Percent _____ %
_____	Percent _____ %	_____	Percent _____ %
_____	Percent _____ %	_____	Percent _____ %
_____	Percent _____ %	_____	Percent _____ %
_____	Percent _____ %	_____	Percent _____ %
_____	Percent _____ %	_____	Percent _____ %
_____	Percent _____ %	_____	Percent _____ %
_____	Percent _____ %	_____	Percent _____ %
		Total	100%

4 Signature This change in allocation will replace any existing allocation, and will take effect on the business day it is received, or on the next business day if received after 4:00 p.m., Eastern time. This allocation change remains in effect until written notice of a change is received in a form satisfactory to Prudential. I understand that each of the investment options has specific investment styles and risks, and that I am the named fiduciary with full responsibility for making the investment decisions related to this product. No recommendation on investment or investment allocation has been made to me by Prudential, its affiliates or Aon Benfield Securities, Inc. I have received a prospectus for the applicable investment option(s).

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

Assignee signature **X** _____ month _____ day _____ year

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.

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