



**Aon Securities Corporation**  
 159 East County Line Road  
 Hatboro, PA 19040-1218

**Group Variable Universal Life Insurance**  
**Fund Transfer Request**

Please print using blue or black ink.

**1 Instructions**

Complete all sections of this form to transfer money between funds. The requested transfers will take effect on the first business day they are received, or on the next business day if received after 4:00 p.m., Eastern time. The minimum amount that can be transferred is \$100 or the entire value of the investment option, if less. Transfer requests in percentages must be at least 5% and may not be a fractional percentage. You may transfer amounts among the investment options available to you and into the Fixed Account as often as twelve times during a Certificate Year without a charge. There will be a \$10 charge for each transfer request exceeding twelve in any Certificate Year. 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? Yes  No  Account number \_\_\_\_\_ - \_\_\_\_\_

**3 Transfer "From" Instructions**

Specify the investment option(s) and dollar amount(s) or percentage(s) **from** which the amounts are to be transferred (see transfer restriction below). Use the investment options as they appear in the Group Variable Universal Life Prospectus.

Investment option	Dollar amount	Percent	Investment option	Dollar amount	Percent
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
			Total \$ _____		

*Additional transfer restriction: transfers from the Fixed Account are allowed only once each Certificate Year. The amount cannot exceed \$5,000 or 25% of the balance in the Fixed Account, whichever is greater.*

**4 Transfer  
"To"  
Instructions**

Specify the investment option(s) and dollar amount(s) or percentage(s) to be transferred (see transfer restrictions in sections 1 and 3). "Transfer from" and "transfer to" total dollar amounts must be equal. Use the investment options as they appear in the Group Variable Universal Life Prospectus.

Investment option	Dollar amount	Percent	Investment option	Dollar amount	Percent
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
			Total \$ _____ or 100%		

**5 Signature**

The requested transfers will take effect on the business day they are received, or on the next business day if received after 4:00 p.m., Eastern time. 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 Securities Corporation. I have received a prospectus for the applicable investment option(s).

Participant's signature **X** \_\_\_\_\_ |\_|\_| |\_|\_| |\_|\_|\_|\_|  
month day year

Assignee's signature **X** \_\_\_\_\_ |\_|\_| |\_|\_| |\_|\_|\_|\_|  
*(if applicable)* 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 07102-3177 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 Securities Corporation, 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 Securities Corporation 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 NH & NY is a Division of AIS Affinity Insurance Agency.