



AICPA Insurance Trust
 Aon Insurance Services
 PO Box 0738
 Carol Stream, IL 60132-0738

Group Variable Universal Life Insurance
Lump Sum Payment

Please print using blue or black ink.

1 Instructions

Complete all sections of this form if you are making a lump sum payment. Sign and date the form. Please make your check payable to AICPA Insurance Trust. Attach your check and return this form to the above address. 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 Lump Sum Payment Instructions

Amount of payment: \$ _____

(Select one):

- Deposit premium according to my current investment option allocation choices *or* _____
- Deposit premium as I've indicated in the investment options below

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 _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
			Total \$	_____	or 100%

4 Signature

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** _____

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month day year

Assignee's signature **X** _____

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(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.