



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

Group Variable Universal Life Insurance
Partial Withdrawal Request

Please print using blue or black ink.

1 Instructions Complete all sections of this form to make partial withdrawals from your Certificate Fund. 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 Withdrawal Request Information

Minimum amount that can be withdrawn: \$200.00.
Maximum amount that can be withdrawn: the amount that would reduce the Certificate Fund (less any Certificate Debt and any outstanding charges) to an amount equal to the next month's charges. Any withdrawal greater than that amount will not be permitted because it would cause the Certificate to default.
 Upon request, Aon Securities Corporation will inform the participant as to the maximum amount that can be withdrawn.
 If you wish to terminate participation in the insurance coverage, and request the full surrender value, please complete a Surrender Request.
Charges: There is a transaction charge of the lesser of \$10.00 or 2% of the amount withdrawn. (See your Group Variable Universal Life Prospectus included in your Enrollment Kit).

4 Withdrawal Request Choose one of the following: (Any applicable fees will be added to the withdrawal amount requested.)

I hereby request to withdraw \$ _____

I request to withdraw the total dollar amount that may be withdrawn.

5 Investment Option Selection Specify the investment options from which you would like the withdrawal processed. If you do not specify any investment options, the request will be withdrawn proportionately from all current investment options.

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 _____ %
				Total \$ _____	or 100%

6a Tax Identification Number Certification

Name of Owner or Assignee
First MI Last

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))

Under penalties of perjury, I certify that:

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

The number shown on this form is my correct Taxpayer 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 _____ month day year
Signature of Certificate Owner or (if applicable) Assignee

6b 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 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 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 Taxpayer 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: CA, LA, KA, NC, OK, OR or VT.

7 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 Securities Corporation.

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 07102-3177 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.