AICPA®

AICPA Insurance Trust I Aon Securities LLC., Member FINRA/SIPC
1100 Virginia Drive, Suite 250, Fort Washington, PA 19034-3278

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 1-800-242-7248. 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: **14273**

Social Security number: ___ - ___ - ____

Daytime telephone number: ___ - ___ - ____

Has insurance been assigned? Yes ❑ No ❑

Account number: **000** ____ - **7**

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 5b). 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.

4 Banking Information

Complete this section if you hereby request and authorize the proceeds of this disbursement transferred to the bank account electronically. The transfer will be generally within 3 business days after the request has been processed. If this section is left blank or the information is rejected, the proceeds of your disbursement will be issued in the form of a check. A check will generally be issued within seven days of receipt of this form in good order.

Bank Name

Street | Branch Telephone Number

City | State | ZIP code | Country: **USA**

Bank Transit Routing Number | Bank Account Number

❑ Savings
❑ Checking

5a 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, BEN-E, 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.)

Under penalties of perjury, I certify that the number listed on this form is my correct Tax Identification Number (Social Security Number) and I am a U.S. citizen or other U.S. person (including resident aliens). I further certify that I am exempt from backup withholding and/or FATCA reporting unless I check the applicable box(es) below:

❑ I have been notified by the Internal Revenue Service that I am subject to backup withholding due to underreporting of interest or dividends.

❑ I am subject to FATCA reporting.

X _____ month day year

Signature of Certificate Owner or (if applicable) Assignee

5b Withholding Elections

Federal and some state laws require us to withhold income taxes on certain cash payments. Prudential will withhold default 10% federal income taxes and any mandatory state income taxes, if applicable. You may choose to elect out of withholding below. Otherwise, for any other federal tax withholding election, you must submit IRS Form W-4R with this form. If you are not a U.S. person, you must submit the applicable IRS Form W-8 series. These forms can be located by searching Forms, Instructions and Publications at https://www.irs.gov/forms-instructions.

Please note, for distributions from a life insurance certificate only earnings are subject to any applicable income tax withholding as requested below.

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

❑ Withhold federal and state income taxes on the taxable portion of distributions from the Group Variable Universal Life Plan. (The federal withholding amount will be equal to 10 percent of the taxable portion of your distributions. Your State withholding will be at the State's designated rate.)

❑ Do not withhold federal and state income taxes on distributions from the Group Variable Universal Life Plan as permitted by state laws.

Please note that you cannot elect out of withholding if we do not have a valid SSN or TIN on file or if payments are to be delivered outside the United States and its possessions.

6 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.

Participant's signature *X* _____ month day year

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

Group Variable Universal Life is issued by The Prudential Insurance Company of America and distributed through Prudential Investment Management Services LLC ("PIMS"). The Prudential Insurance Company of America is located at 751 Broad St., Newark, NJ 07102, and PIMS is located at 655 Broad St., Newark, NJ 07102. Both are Prudential Financial companies. Contract series: 89759. Group Variable Universal Life is offered and administered through Aon Securities LLC, Member FINRA/SIPC, 1100 Virginia Drive, Suite 250, Fort Washington, PA 19034-3278, 1–800–223–7473. The Plan Agent of the AICPA Insurance Trust is Aon Insurance Services. Aon Securities and Aon Insurance Services are not affiliated with either Prudential or PIMS.

Aon Insurance Services is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc.; (TX 13695); (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc., (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.