

# 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 **1-800-242-7248**. 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 **1 4 2 7 3** Social Security number \_\_\_\_\_ Daytime telephone number \_\_\_\_\_  
 Has insurance been assigned? Yes  No  Account number **0 0 0** - **7**

**3 Withdrawal Request Information** **Minimum amount that can be withdrawn:** \$200.00.  
**Maximum amount that can be withdrawn:** the amount that would reduce the Certificate Fund (less any Certificate Debt and any outstanding charges) to an amount equal to the next month’s charges.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, LLC. will inform the participant as to the maximum amount that can be withdrawn.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**Charges:** There is a transaction charge of the lesser of \$10.00 or 2% of the amount withdrawn.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** Before requesting a withdrawal from the Certificate Fund, please read the **Risks of Taking Withdrawals** section in your GVUL prospectus.  
 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 amount after which my Certificate Fund will equal the cost of insurance charges that will be due after this withdrawal and before my next billing date. This amount will never be more than the maximum amount that may be withdrawn.  
 I request to withdraw the maximum amount that may be withdrawn.

**5 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 **U.S.A**  
 Bank Transit Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_  Savings  
 Checking

**6 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 _____ %
			<b>Total</b>	_____	<b>or 100%</b>

**7a 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.)*

The number shown on this form is my correct Tax 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 the following apply to you:  
 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**

**7b 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>.

- 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. (Connecticut residents must submit a form CT W 4P)

If no election is made, Prudential will withhold federal and state income taxes. In addition, withholding will also apply, regardless of any election made, if the distribution 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.

Withholding is a method of paying tax. 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.

**8 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** X \_\_\_\_\_ 

month	day						year

  
*(if applicable)*

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 Street, 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.