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

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: **14273**

Social Security number

Daytime telephone number

Has insurance been assigned? ☐ Yes ☐ No

Account number: **000** – **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Minimum amount that can be withdrawn: $200.00.

Maximum amount that can be withdrawn: the amount that would reduce the Certificate Fund (less any Certificate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 will inform the participant as to the maximum amount that can be withdrawn.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Charges: There is a transaction charge of the lesser of $10.00 or 2% of the amount withdrawn.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 This amount will never be more than the maximum amount that may be withdrawn.

☐ I request to withdraw the maximum amount that may be withdrawn.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 Instructions

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 _____%

Total $_____ or 100 %

7 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 _____

Signature of Certificate Owner or (if applicable) Assignee

month *day* *Year*

7a 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.

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.

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 *(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 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.