

Group Variable Universal Life Insurance
Change of Name and
Address Request

Please print using blue or black ink.

1 Instructions

Use this form to officially change your personal information concerning your Group Variable Universal Life Certificate. Complete all sections, then 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 Address Change Information

Mark the box for the change you are requesting.

For participant For assignee

First name of participant/assignee MI Last name

Street Apt.

City State ZIP code

Group control number Social Security number Daytime telephone number
1 4 2 7 3 _____ - _____ - _____

Account number
0 0 0 _____ - **7**

3 Name Change Information

Mark the box for the change you are requesting. For participant For assignee

From: First name MI Last name

To: First name MI Last name

Reason _____

4 Signature

Participant's signature **X** _____
 month day year

Assignee's signature **X** _____
 (if applicable) 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.

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