

Change Allocation Request

Please print using blue or black ink.

1 Instructions Use this form to change your investment allocations of all future payments to the Certificate Fund. 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 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? Yes No Account number **0 0 0** _____ - **7** _____

3 Future Allocation Instructions I allocate any future premium payments to the investment option(s) specified below. Each fund allocation must be at least 5 percent and must be a whole number (no fractions). Total allocations must equal 100 percent.

Investment option	Percent _____%	Investment option	Percent _____%
_____	Percent _____%	_____	Percent _____%
_____	Percent _____%	_____	Percent _____%
_____	Percent _____%	_____	Percent _____%
_____	Percent _____%	_____	Percent _____%
_____	Percent _____%	_____	Percent _____%
_____	Percent _____%	_____	Percent _____%
_____	Percent _____%	_____	Percent _____%
		Total	100%

4 Signature This change in allocation will replace any existing allocation, and will take effect on the business day it is received in Good Order, or on the next business day if received after 4:00 p.m., Eastern time. This allocation change remains in effect until written notice of a change is received in a form satisfactory to Prudential. I understand that each of the investment options has specific investment styles and risks, and that I am the named fiduciary with full responsibility for making the investment decisions related to this product. No recommendation on investment or investment allocation has been made to me by Prudential, its affiliates, or Aon Securities, LLC. I have received a prospectus for the applicable investment option(s).

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.