



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-AICPAIT**. 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? _____ Account number _____
 Yes No _____ - _____

3 Withdrawal Request Information **Minimum amount that can be withdrawn: \$200.00.**
Maximum amount that can be withdrawn: the amount that would reduce the Certificate Fund (less any Certificate Debt and any outstanding charges) to an amount equal to the next month's charges.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 Upon request, Aon Benfield Securities, Inc. will inform the participant as to the maximum amount that can be withdrawn.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Charges: There is a transaction charge of the lesser of \$10.00 or 2% of the amount withdrawn.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 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 I request to withdraw the total dollar amount that may be withdrawn.

5 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 If you do not specify any investment options, the request will be withdrawn proportionately from all current investment options.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 _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
_____	\$ _____	or _____ %	_____	\$ _____	or _____ %
			Total \$ _____		or 100%

6a 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, 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 you are subject to backup withholding:

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

X _____
Signature of Certificate Owner or (if applicable) Assignee

month day year

6b Withholding Elections

Federal and some state laws require us to withhold income taxes on certain cash payments. You can elect not to have income taxes withheld but would still be liable for payment of any income taxes due. You should indicate below your election as to whether or not you wish to have taxes withheld.

- 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.

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.

7 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. Generally, a check will be issued within seven days of receipt of this form in good order by Aon Benfield Securities..

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

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

Group Variable Universal Life Insurance (contract series 89759) is issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102 and is distributed by Prudential Investment Management Services LLC (PIMS) located at Three Gateway Center 14th Floor, Newark, NJ 07102-4077, and is offered and administered through Aon Benfield Securities, Inc., Member FINRA/SIPC, 159 East County Line Road, Hatboro, PA 19040-1218, 1-800-223-7473. The Plan Agent of the AICPA Insurance Trust is Aon Insurance Services. Aon Benfield 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.; (AR 244489); in CA, MN & OK, AIS Affinity Insurance Agency, Inc. (CA 0795465); in CA, Aon Affinity Insurance Services, Inc., (0G94493), Aon Direct Insurance Administrator and Berkely Insurance Agency and in NY and NH, AIS Affinity Insurance Agency.