

## **Paid-Up Life Insurance** or Surrender Request

| Please print using blue or black ink. |  |  |  |  |
|---------------------------------------|--|--|--|--|
| 1 Instructions                        | Complete all sections of this form to terminate participation in the Group Variable Universal Life Insurance program. 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                         | First name of participant MI Last name   |  |  |  |
| Information                           |  |  |  |  |
|                                       | 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  No  |  |  |  |
| 3 Surrender<br>Information            | I elect to terminate my participation in the Group Variable Universal Life Insurance program.  Please check one of the options listed below. If you withdraw any cash value in your insurance program, you must indicate if you want taxes withheld (see section 4b). The cash value to purchase Paid-Up Life Insurance must be at least \$1,000. I wish to: |  |  |  |
|                                       | Purchase Paid-Up Life Insurance with my cash value. I understand that this could cause my Certificate to<br>become a Modified Endowment Contract (MEC).  |  |  |  |
|                                       | ☐ Purchase Paid-Up Life Insurance with my cash value <i>only</i> if my Certificate will not become a MEC. If this will cause a MEC, then I elect to withdraw my entire cash value.   |  |  |  |
|                                       | ☐ Withdraw my entire cash value.   |  |  |  |
| <sup>la</sup> Tax                     | Name of Owner or Assignee  |  |  |  |
| Identification<br>Number              | First MI Last  |  |  |  |
| Certification                         | Under penalties of perjury, I certify that:  |  |  |  |
|                                       | Check One:   |  |  |  |
|                                       | ☐ I am a citizen of  |  |  |  |
|                                       |  |  |  |  |
|                                       | 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  |  |  |  |
|                                       | Signature of Certificate Owner or (if applicable) Assignee month day year  |  |  |  |

| 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<br>Universal Life Plan. (The federal withholding amount will be equal to 10 percen<br>your distributions. Your State withholding will be at the State's designated rate  | t of the taxable portion of       |  |
|                        | lacksquare 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 apply, regardless of any election made, if the distribution is (i) being sent outside the Lor (ii) if the IRS has notified us that your Social Security number is incorrect or (ii Taxpayer Identification Number certification above. | Inited States or its possessions, |  |
|                        | Withholding is a method of paying tax. It does not increase or decrease the total Penalties may be incurred under the estimated tax payment rules if sufficient withholding, estimated taxes, or both. Any withholding election you make with respective until revoked.  | tax is not paid either through    |  |
| <sup>5</sup> Signature | I understand the above transactions will be processed in accordance with the group contract, with the rule and restrictions described in the Group Variable Universal Life Prospectus. Generally, a check will be issue within seven days of receipt of this form in good order by Aon Benfield Securities, Inc.           |                                   |  |
|                        | Participant's signature <b>X</b>   | month day year                    |  |
|                        | Assignee's signature X   | 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.

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