

Prudential Insurance Company of America – GVUL P.O. Box 8769 Philadelphia, PA 19176-8769

Change Allocation Request Group Variable Universal Life

Total \$

or

100%

Please print using blue or black ink.

Instructions Use this form to change your allocation of all future premium payments to the available investment options. Complete all sections, sign and date the form, and send it to the address above. You may fax it to 888-700-9989. Call our Group Variable Universal Life Customer Service Center toll-free at 800-562-9874 with any questions, Monday to Friday, 8:00 a.m.-8:00 p.m. Eastern time. 1 Insured's MI First Name of Insured Last Name Information Street Apt. 1 1 1 State ZIP Code City 1 I. Social Security Number Davtime Telephone Number Group Number Insured's Employer/Association Has insurance been assigned? Yes No 2 Future I allocate any future net 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. Allocation Instructions Investment Option **Investment Option** Percent ____ % Percent % Percent % Percent ____% Percent % Percent _____ % Percent % Percent % Percent % Percent ____ % Percent ____ % Percent % Percent _____ % Percent ____ % Percent % Percent % Percent % Percent ____ % Percent ___ % Percent % _____ Percent _____ %

Signature(s) 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 objectives and risks, and that I am responsible for making decisions related to this product. No recommendation on investment or investment allocation has been made to me by Prudential or its affiliates. I have received a prospectus for the applicable investment option(s).

Certificate Owner's or Assignee's Signature X		month day year
Assignee's Information (if applicat	ole)	nionan day year
First Name of Assignee	MI	Last Name
Street		Apt.
City		State ZIP Code
Assignee's Daytime Telephone Nu	mber	

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Group Variable Universal Life (Contract Series: 89759) is issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102 and offered through Prudential Investment Management Services LLC, a registered broker/dealer, 655 Broad Street, 19th Fl., Newark, NJ 07102. Prudential Investment Management Services LLC is a Prudential company.