



# Prudential

The Prudential Insurance Company of America – GUL

P.O. Box 8769

Philadelphia, PA 19176-8769

## Withdrawal Request

## Group Universal Life

Please print using blue or black ink.

### Instructions

Use this form to make a withdrawal from your certificate fund. Please follow these steps:

1. Read each section before completing this form.
2. Complete sections 1 through 6. Please print using blue or black ink.
3. Sign and date your request in section 7.
4. If your certificate has been assigned, the assignee or trustee must complete all sections of this form.
5. Return the completed form to Prudential at the address above. You may fax it to **800-764-1469**

Call our Group 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.

On this form *you*, *your*, and *I* refer to the individual requesting a withdrawal.

### Important Tax Information

This information will help you complete sections 5 and 6, which are required by the Internal Revenue Service. Please read it carefully. Prudential and its representatives cannot give tax or legal advice. Prudential generally must report to its certificate owners all payments of taxable income on Internal Revenue Form 1099. These payments include certificate fund withdrawals to the extent a taxable gain is distributed. If the certificate is classified as a modified endowment contract (MEC), it is taxed on an income-first basis, meaning that all gain in the certificate is distributed first, followed by recovered basis.

### Tax Withholding Election

**Federal and state income tax withholding.** Federal and some state tax laws require us to withhold income taxes from certain cash payments. By signing and dating this form and making no entries to section 5, you can elect not to have any taxes (federal or state) withheld, but you will still be liable for payment of any taxes due. Please check the appropriate boxes if you want to have federal and/or state income taxes withheld. If you request a check to be mailed to a non-U.S. address, you cannot elect out of withholding. *Note: Some states require state withholding when federal withholding is elected or required.*

**Estimated tax and possible penalties.** If you elect to have no income tax withheld from your withdrawal or if you do not have enough income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties if your withholding and estimated tax payments are not sufficient. You may be subject to IRS penalties if you fail to provide your correct Taxpayer Identification Number, fail to report taxable interest or dividends on your tax return, or give false tax information. You may be subject to a 10 percent federal income tax penalty if you are under the age of 59½ and your certificate is classified as a MEC.

### Tax Certification

**Citizenship.** You must indicate if you are not a U.S. citizen or resident alien. In that case, you must state the country of which you are a citizen and submit an applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY). In most instances Form W-8BEN will be the appropriate form.

**Backup withholding.** You must tell us if the IRS has notified you that you are subject to backup withholding because you did not report all your taxable interest and dividends on your tax return. **You are not subject to backup withholding if either (a) you did not receive such a notice from the IRS, (b) the IRS recently told you that you are no longer subject to a backup withholding order, or (c) you are exempt from such withholding.**

**Taxpayer Identification Number and date of birth.** You must include your Taxpayer Identification Number (TIN) and date of birth. The TIN for the certificate is:

- Your Social Security Number if you are an individual or the owner of a sole proprietorship;
- The Employer Identification Number (EIN) if you represent a trust, estate, corporation, partnership, or tax-exempt organization;
- The TIN of the grantor/trustee or that of the actual owner of a trust-like entity not recognized as a legal or valid trust under state law.
- FACTA Reporting. You must tell us if you are subject to FACTA reporting.

1

**Insured's  
Information**

First Name of Insured

MI

Last Name

Street

Apt.

City

State

ZIP Code

Daytime Telephone Number

Has insurance been assigned? ☐ Yes ☐ No**(If Yes, the assignee must complete all sections of this form and submit a copy of the assignment.)**

Insured's Employer/Association

Group Number

2

**Assignee's  
Information**  
(if applicable)

First Name of Assignee

MI

Last Name

Name of Estate or Trust

Street

Apt.

City

State

ZIP Code

Daytime Telephone Number

Date of Birth

month day year

3

**Withdrawal  
Request****Minimum amount that can be withdrawn:**

Minimum varies by plan. See your Certificate for applicable minimum.

**Maximum amount that can be withdrawn:** The amount that would reduce the Cash Accumulation Fund *(less the balance of any loan on the fund and the interest charged to it)* to an amount equal to the next month's charges.

If there is not a sufficient balance in the fund to make the next monthly deduction, the Certificate will go into default. Upon request, Prudential will inform you as to the maximum amount you may withdraw.

If you wish to terminate participation in the insurance coverage and request the full surrender value, please complete a Request to End Coverage form.

**Charges:** There may be a transaction charge on the amount withdrawn. If a fee applies, Prudential will deduct it from the fund. (See your Group Universal Life Booklet-Certificate.)**Choose one of the following:**☐ I request to withdraw \$  ,  ,  . ☐ I request to withdraw the maximum amount permitted.

**4 Banking Information**

Complete this section if you hereby request and authorize the proceeds of this disbursement transferred to the bank account electronically. The transfer will be generally within 3 business days after the request has been processed. If this section is left blank or the information is rejected, the proceeds of your disbursement will be issued in the form of a check.

Bank Name

\_\_\_\_\_

Street

\_\_\_\_\_

Branch Telephone Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_

ZIP Code

\_\_\_\_-\_\_\_\_

Country

**U S A**

Bank Transit Routing Number

\_\_\_\_\_

Bank Account Number

\_\_\_\_\_

☐ Savings

☐ Checking

**5 Tax Withholding Election**

If you would like taxes withheld, complete this section. Otherwise, we will not withhold taxes unless required by law.

☐ Withhold federal income taxes from the taxable portion of the payment.

☐ Withhold state income taxes from the taxable portion of the payment.

**6 Taxpayer Identification Number Certification**

First Name of Employee or Assignee

\_\_\_\_\_

MI

\_\_\_\_

Last Name

\_\_\_\_\_

Check One: ☐ I am a U.S. person  
(including a resident alien)

☐ I am a citizen of

\_\_\_\_\_

*Attach completed applicable Form W-8 (BEN, BEN-E, EXP, ECI, IMY)*

**Under penalties of perjury, I certify that:**

My Taxpayer Identification Number is

\_\_\_\_\_

*(For individuals, the Taxpayer Identification Number is the Social Security Number.)*

Under penalties of perjury, I certify that the number shown on this form is my correct Tax Identification Number (Social Security Number). I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (b) the IRS has told me that I am no longer subject to a backup withholding order or (c) I am exempt from backup withholding. I am not subject to FATCA reporting.

**Check here only if the following apply to you:**

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

☐ I am subject to FATCA reporting.

**X**

\_\_\_\_\_  
Employee/Assignee Signature

\_\_\_\_ month \_\_\_\_ day \_\_\_\_ year

**Signature(s)**

I understand this transaction will be processed in accordance with the group contract, as outlined in the Group Universal Life Booklet-Certificate. I have read and understand the withdrawal request information. A check will be issued within 14 days after the request has been processed.

**X**

\_\_\_\_\_  
*Certificate Owner's or Assignee's Signature and Date*

|       |  |  |     |  |  |      |  |  |  |
|-------|--|--|-----|--|--|------|--|--|--|
|       |  |  |     |  |  |      |  |  |  |
| month |  |  | day |  |  | year |  |  |  |

Group Universal Life coverage is issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract series: 83500 and 96945.

© 2016 Prudential Financial, Inc. and its related entities.

Prudential, the Prudential logo, and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.