



The Prudential Insurance Company of America – GUL/GVUL

P.O. Box 8769

Philadelphia, PA 19176-8769

## Paid-up Surrender Request

Please print using blue or black ink.

### Instructions

Use this form to surrender your paid-up coverage. Please follow these steps:

1. Read each section before completing this form.
2. Complete sections 1 through 4. Please print using blue or black ink.
3. Sign and date your request in section 5.
4. If your certificate has been assigned, the assignee (new owner) 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 to end coverage.

### Important Tax Information

This information will help you complete sections 3 and 4, 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 the surrender proceeds from a life insurance certificate to the extent a taxable gain is distributed. The surrender proceeds include all amounts distributed from the certificate, including any loans that are paid off by certificate values at the time of the surrender. You may wish to consult your tax or legal adviser for more information.

### Tax Withholding Election

**Federal and state income tax withholding.** Federal and some state tax laws require us to withhold income taxes from the taxable portion of a cash surrender. By signing and dating this form and making no entries to section 3, 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 surrender payment 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 modified endowment contract (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.
- FATCA Reporting. You must tell us if you are subject to FATCA reporting.

**About Cash  
Surrenders**

**Before ending coverage or surrendering your certificate, you should understand the effects of such transactions.**

- Once you surrender the certificate, the life insurance coverage ends and all rights, privileges, or benefits under the certificate end.
- You will lose the valuable death benefit that would otherwise be paid to your beneficiary and the favorable tax treatment of the death benefit.
- We will make the surrender payment to the owner or owners of the certificate unless otherwise instructed. If the certificate has been assigned, we will pay any cash values withdrawn or surrendered to the owner(s) or assignee.
- Your request will be void only if it is withdrawn, in writing, before the check is issued or the transaction is processed.
- You may incur a taxable gain.
- If your certificate is classified as a MEC you may be subject to less favorable tax treatment, possibly including a 10 percent federal income tax penalty.

**1 Insured's  
Information**

First Name of Insured	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	Apt.	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Daytime Telephone Number		
<input type="text"/> - <input type="text"/> - <input type="text"/>		
Has insurance been assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>(If Yes, the assignee must complete all sections of this form and submit a copy of the assignment.)</b>		
Insured's Employer/Association	Group Number	
<input type="text"/>	<input type="text"/>	

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

First Name of Assignee	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Estate or Trust		
<input type="text"/>		
Street	Apt.	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>
Daytime Telephone Number	Date of Birth	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
	<i>month</i>	<i>day</i> <i>year</i>

**3 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.

4

**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

5

**Signature(s)**

I elect to surrender my paid-up insurance under the Group Universal Life certificate. 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 cash surrender information. A check will be issued within 14 days after the request has been processed.

Please make a photocopy of this form for your records.

X Certificate Owner's or Assignee's Signature and Date month day year

Group Universal Life (Contract Series: 83500 and 96945) and Group Variable Universal Life (Contract Series: 89759) are 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. 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.

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