

Instructions

Prudential Insurance Company of America

Group Universal Life

P.O. Box 105244 Atlanta, GA 30348-5244

Please print using blue or black ink.

Loan Repayment

	and return this form to the above address. Pour Group Universal Life Customer Service (Friday, 8:00 a.m.–8:00 p.m. Eastern time.		
Insured's	First Name of Insured	MI Last Name	
Information			
	Street		Apt.
	City State ZIP Code		
	Group Number Social	Security Number Day	ytime Telephone Number
	Insured's Employer/Association		s insurance been assigned?
			Yes □ No
Loan Repayment Instructions	Please process the enclosed check in the	amount of \$	as a loan repayment
4 Signature(s)	I understand that 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 this information.		
	X		
	Certificate Owner's or Assignee's Signat	ture and Date	month day year
	Assignee's Information (if applicable)		
	First Name of Assignee	MI Last Name	
	Street		Apt.
	City	State ZIP Code	
	Assignee's Daytime Telephone Number		

Use this form to make a loan repayment. Complete sections 1, 2 and 3, sign and date the form. Attach your check

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.

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