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Request to End Coverage

The Prudential Insurance	Company	v of America – GVUL
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Group Variable Universal Life

	P.O. Box 8769 Philadelphia, PA 19176-8769	 Please print using blue or black ink.
Instructions	 Use this form to terminate your certificate and end participate program. Please follow these steps: 1. Read each section before completing this form. 2. Complete sections 1 through 4. Please print using blue 3. Sign and date your request in section 5. 4. If your certificate has been assigned, the assignee or r 5. Return the completed form to Prudential at the address Universal Life Customer Service Center toll-free at 800-8:00 a.m8:00 p.m. Eastern time. On this form you, your, and / refer to the individual request 	tion in the Group Variable Universal Life Insurance or black ink. new owner must complete all sections of this form. s above or fax it to 888-700-9989 . Call our Group - 562-9874 with any questions, Monday to Friday,
Important Tax Information	This information will help you complete sections 3 and 4, which read it carefully. Prudential and its representatives cannot giv to its certificate owners all payments of taxable income on I the surrender proceeds from a life insurance certificate to the proceeds include all amounts distributed from the certificate values at the time of the surrender. You may wish to consult	ve tax or legal advice. Prudential generally must report nternal Revenue Form 1099. These payments include he extent a taxable gain is distributed. The surrender e, including any loans that are paid off by certificate
Tax Withholding Election	Federal and state income tax withholding. Federal and som from the taxable portion of a cash surrender. By signing an 3, you can elect not to have any taxes (federal or state) wit taxes due. Please check the appropriate boxes if you want If you request a check to be mailed to a non-U.S. address <i>states require state withholding when federal withholding i</i> Estimated tax and possible penalties. If you elect to have no or if you do not have enough income tax withheld, you ma may incur penalties if your withholding and estimated tax IRS penalties if you fail to provide your correct Taxpayer Id dividends on your tax return, or give false tax information. Yo penalty if you are under the age of 59½ and your certificate is	nd dating this form and making no entries to section thheld, but you will still be liable for payment of any to have federal and/or state income taxes withheld. s, you cannot elect out of withholding. <i>Note: Some</i> <i>s elected or required.</i> o income tax withheld from your surrender payment, y be responsible for payment of estimated tax. You payments are not sufficient. You may be subject to entification Number, fail to report taxable interest or bu may be subject to a 10 percent federal income tax
Tax Certification	 Citizenship. You must indicate if you are not a U.S. citizen or r of which you are a citizen and submit an applicable IRS Form Form W-8BEN will be the appropriate form. Backup withholding. You must tell us if the IRS has notified because you did not report all your taxable interest and dis backup withholding if either (a) you did not receive such that you are no longer subject to a backup withholding orde Taxpayer Identification Number and date of birth. You must and date of birth. The TIN for the certificate is: Your Social Security Number if you are an individual or The Employer Identification; 	a W-8 (BEN, BEN-E, ECI, EXP, IMY). In most instances ed you that you are subject to backup withholding ividends on your tax return. You are not subject to a notice from the IRS, (b) the IRS recently told you r, or (c) you are exempt from such withholding. t include your Taxpayer Identification Number (TIN) r the owner of a sole proprietorship; present a trust, estate, corporation, partnership, or
	 The TIN of the grantor/trustee or that of the actual or or valid trust under state law. FATCA Reporting. You must tell us if you are subject to 	

About Cash	Before ending coverage or surrendering your certificate, you should understand the effects of such transactions							
Surrenders	 Once you surrender the certificate, your 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. If your certificate has cash surrender value, we will pay the cash surrender value to the owner or owners of the certificate, unless otherwise instructed. If the certificate has been assigned, we will pay any cash surrender value 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. 			
					 You may have alternatives to ending your Group Variable Universal Life coverage. You may be able to access money from your certificate's fund or cash value, through a loan or a withdrawal, without ending your life insurance protection. You may be able to lower your premiums by reducing the face amount of insurance or by reducing or eliminating some riders. 			
	 You may be able to stop your payroll deduction or additional premium payments and rely on your fund to cover the required monthly deductions. 							
	Insured's	First Name of Insured MI Last Name						
	Information							
		Street Apt.						
		City State ZIP Code						
Daytime Telephone Number								
Has insurance been assigned? (If Yes, the assignee must complete all sections of this form and submit a copy of the assignment.)								
Surrender	I elect to terminate my participation in the Group Variable Universal Life Insurance program.							
Request	If you have a balance in your certificate fund, choose one of the following:							
	Purchase paid-up life insurance with my certificate fund. I understand that all other benefits under my certificate will end and that this could cause my certificate to become a MEC. I also understand that I require at least \$1,000.00 in my fund to purchase paid-up insurance, and the minimum amount of paid-up insurance coverage that may be purchased is \$10,000.							
	☐ Withdraw my entire certificate fund.							
	□ Withdraw \$,,,,							

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				
	Bank Transit Routing Number Bank Account Number 🗆 Savings				
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.				
Taxpayer Identification Number	First Name of Employee or Assignee MI Last Name				
Number Certification	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				

⁶ Signature(s) I understand that this transaction will be processed in accordance with the group contract, as outlined in the Group Variable Universal Life Booklet-Certificate. I have read and understand the cash surrender information.

Χ	
Certificate Owner's or Assignee's Signature	month day year
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

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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.