



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

Group Variable Universal Life

Please print using blue or black ink.

Instructions

Use this form to make partial withdrawals from your Certificate Fund. Complete all sections, sign and date the form, and send it to the address above. Generally, a check will be issued within seven calendar days of receipt of this form in good order. 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 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"/>
Group Number	Social Security Number	Daytime Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured's Employer/Association	Has insurance been assigned?	
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

2 Withdrawal Request Information

Minimum amount that can be borrowed: \$200.00

Maximum amount that can be withdrawn: the amount that would reduce the Certificate Fund (less any Certificate Debt and any outstanding charges) to an amount equal to the next month's charges. Any withdrawal greater than that amount will not be permitted because it would cause the Certificate to default.

Upon request, Prudential will inform the certificate owner as to the maximum amount that can be withdrawn. If you wish to terminate your certificate, and request the full cash surrender value, please complete a Request to End Coverage.

Charges: There may be a transaction charge of up to the lesser of \$20.00 or 2% of the amount withdrawn. See your Group Variable Universal Life Prospectus included in your Enrollment Kit.

3 Withdrawal Request

Choose one of the following:

- I hereby request to withdraw \$ _____ (Any applicable charges will be added to the withdrawal amount requested.)
- I hereby request the maximum amount that can be borrowed from the certificate fund.

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	<input type="text"/>		
Street	Branch Telephone Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Transit Routing Number	Bank Account Number	<input type="checkbox"/> Savings	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking	

