

INTENDING AS A GIFT, I HEREBY IRREVOCABLY ASSIGN UNTO _____, ("Assignee")
(Please Print or Type Name of Assignee.)

whose residence is located at _____,
(Please Print or Type Address, Including Street, City, State, and Zip.)

Assignee's Social Security No.: _____ - _____ - _____, Assignee's Date of Birth _____ / _____ / _____,
(Month) (Day) (Year)

all rights, title, interests, and incidents of ownership, both present and future, including without limitation, the cash value and any face amount increases, relating to the following coverage(s):

PLEASE SELECT **ONE** BY MARKING THE APPROPRIATE BOX.

- Group Universal Life**
- Group Variable Universal Life**

The assigned rights include but are not limited to: The right to make any required contributions under the Group Contract; the privilege, as permitted under the Group Contract, of obtaining an individual policy of life insurance on my life; the right, to the extent permitted under the Group Contract, to change the beneficiary and/or the contingent beneficiary; and the right to elect any settlement option available under the Group Contract. This assignment relates to the existing coverage(s) under the said Group Contract and to any replacement or substitute group contract(s) of the same or another insurance company providing group life insurance coverage to the employees of the Employer, or, if applicable, to the members of the Association.

I understand and agree that this assignment will be of no effect, nor binding with respect to the Insured's rights and privileges, if any, under the said Group Contract until copies of this form have been filed with The Prudential Insurance Company of America ("Prudential") directly or through the Employer or the Contract Holder under the said Group Contract.

I understand and agree that, in accordance with the said Group Contract, if: (1) an assigned amount of insurance becomes payable on account of the death of the Insured or a dependent of the Insured; and (2) the assigned coverage includes the right to choose a beneficiary; and (3) at the death of the Insured or a dependent of the Insured, there is no beneficiary chosen by the Assignee; then the assigned amount of insurance will be payable as follows: (1) to the Assignee, if living or (2) if the Assignee is deceased, to the estate of the Assignee.

I understand and agree that Prudential, the Employer or the Contract Holder under the said Group Contract assume no obligation(s) as to the validity or sufficiency of this assignment for any purpose whatsoever, or pass upon its legality.

Signed in _____ in the State of _____ on _____ / _____ / _____.
(Print Name of City) (State) (Month) (Day) (Year)

Assignor: _____ Spouse: _____
(Signature of Assignor) (Community Property States Only) (Date)

Witness: _____ Witness: _____
(Signature of Witness) (Date) (Community Property States Only) (Date)

PART THREE – TO BE COMPLETED BY ASSIGNEE

Assignee's Designation of Beneficiary

Effective as of the date of this assignment, I, the Assignee named in Part Two of this form, hereby designate the following person(s) to receive any insurance benefit payable on account of the death of the Insured or a dependent of the Insured under the assigned coverage(s):

1. PRIMARY BENEFICIARY

First Name MI Last Name Relationship to Me Social Security Number

Address _____

Date of Birth Telephone Number % Share

2. PRIMARY BENEFICIARY

First Name MI Last Name Relationship to Me Social Security Number

Address _____

Date of Birth Telephone Number % Share

1. CONTINGENT BENEFICIARY

First Name MI Last Name Relationship to Me Social Security Number

Address _____

Date of Birth Telephone Number % Share

2. CONTINGENT BENEFICIARY

First Name MI Last Name Relationship to Me Social Security Number

Address _____

Date of Birth Telephone Number % Share

If you need additional space, please attach a separate sheet of paper.

Unless otherwise provided above, payment to two or more beneficiaries shall be made in equal shares. Any amount of insurance for which there is no beneficiary at the death of the Insured or a dependent of the Insured, if applicable, will be payable as follows: (1) to the Assignee, if living or (2) if the Assignee is deceased, to the estate of the Assignee.

Witness: _____ Assignee: _____
(Signature of Witness) (Date) (Signature of Assignee) (Date)

PART FOUR – TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Prudential requires your Taxpayer Identification Number. The Taxpayer Identification Number is either the Social Security Number or the Employer Identification Number. If you:

- Are an individual, your Taxpayer Identification Number is the Social Security Number.
- Represent a trust or estate, the Taxpayer Identification Number is its Employer Identification Number.
- Represent a minor, please provide the minor's Social Security Number.
- Are applying for a Taxpayer Identification Number, please write "applied for" in the space provided.

TAXPAYER IDENTIFICATION NUMBER/FORM W-9 CERTIFICATION:

Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (Social Security Number). I further certify that the citizen/residency status I have listed on this form is my correct citizen/residency status. 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 exempt from FATCA reporting.

Social Security Number or Taxpayer Identification Number of beneficiary

Check all applicable boxes.

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

I am subject to FATCA reporting.

If not a U.S. person (including resident alien), submit the applicable Form W-8 (BEN, BEN-E, ECI, EXP or IMY).

X _____
Signature

Date Signed (MM DD YYYY)
 / /

PART FIVE – TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE OF EMPLOYER OR GROUP CONTRACT HOLDER

Recorded and filed on this _____ day of _____, 20____. _____
Signature of Authorized Representative of Employer or Group Contract Holder

Fraud Warnings

For residents of all states and jurisdictions except Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, the District of Columbia, Florida, Idaho, Indiana, Kentucky, Louisiana, Maine, Maryland, Minnesota, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, Tennessee, Texas, Utah, Vermont, Virginia, Washington and West Virginia; WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he or she is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

ALABAMA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ALASKA RESIDENTS – A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA RESIDENTS – For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MASSACHUSETTS, RHODE ISLAND and WEST VIRGINIA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA and TEXAS RESIDENTS – For your protection, California and Texas law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO RESIDENTS – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DELAWARE RESIDENTS – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

IDAHO RESIDENTS – Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

INDIANA RESIDENTS – A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE, VIRGINIA, and WASHINGTON RESIDENTS – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

MARYLAND RESIDENTS – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MINNESOTA RESIDENTS – A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE RESIDENTS – Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

NEW JERSEY RESIDENTS – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO RESIDENTS – ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NORTH CAROLINA RESIDENTS – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false information concerning a fact or matter material to the claim may be guilty of a class H felony.

OHIO RESIDENTS – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA RESIDENTS – WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

OREGON RESIDENTS – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurance company, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

PENNSYLVANIA AND UTAH RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO RESIDENTS – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VERMONT RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

FLORIDA RESIDENTS – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW YORK RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **This notice ONLY applies to accident and disability income coverage.**

Group Universal Life (Contract Series: 83500 and 96945) and Group Variable Universal Life (Contract Series: 89759) coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Group Variable Universal Life Insurance is distributed by Prudential Investment Management Services LLC, 655 Broad Street, 19th Fl. Newark, NJ 07102, a registered broker/dealer and a Prudential Financial 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.

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