



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

Change Request Group Variable Universal Life

Please print using blue or black ink.

- Instructions** Use this form to make changes to your certificate. Please follow these steps:
1. Read each section before completing this form.
 2. Complete sections 1 through 6. Please print using blue or black ink.
 3. Sign and date your request in section 6.
 4. If your certificate has been assigned, the assignee 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 **888-700-9989**.
 6. 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.

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**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"/>
Daytime Telephone Number	GVUL Identification Number	
<input type="text"/>	<input type="text"/>	

Has insurance been assigned? Yes No

(If Yes, the assignee must complete all sections of this form and submit a copy of the assignment.)

Insured's Employer/Association	Group Number
<input type="text"/>	<input type="text"/>

2

**Assignee's
 Information**

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"/>
Daytime Telephone Number	Date of Birth	
<input type="text"/>	<input type="text"/>	
	<i>month</i>	<i>day</i> <i>year</i>



3 Date of Birth Changes

Employee Date of Birth Change:

From Date of Birth

month	day	year							

To Date of Birth

month	day	year							

Spouse Date of Birth Change:

From Date of Birth

month	day	year							

To Date of Birth

month	day	year							

Youngest Child Date of Birth Change:

From Date of Birth

month	day	year							

To Date of Birth

month	day	year							

In order to process your Date of Birth change for Employee or Spouse a copy of a Driver's License or Birth Certificate is needed. Please submit this documentation along with the completed form for processing.

4 Group Variable Universal Life Coverage Changes

Group Variable Universal Life Coverage Reduction Request

Employee Group Variable Universal Life Coverage <i>(Minimum Employee Group Variable Universal Life Coverage is \$10,000)</i>	\$ _____
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Employee Accidental Death and Dismemberment Coverage	\$ _____
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Spouse Group Variable Universal Life Coverage <i>(Minimum Spouse Group Variable Universal Life Coverage is \$10,000)</i>	\$ _____
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Spouse Accidental Death and Dismemberment Coverage	\$ _____
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Spouse Dependent Term Life Coverage	\$ _____
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Child(ren) Coverage	\$ _____
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Please refer to your Group Variable Universal Life Certificate Booklet for guidelines pertaining to coverage reductions. A reduction in your Employee Group Variable Universal Life Coverage or Spouse Group Variable Universal Life Coverage may automatically reduce, according to your plan, the corresponding Employee or Spouse Accidental Death & Dismemberment Coverage if you are enrolled. The requested change may cause your insurance to be treated as a Modified Endowment Contract under the Internal Revenue Code. When we identify such a situation, we generally will notify you and ask whether you want us to process the Face Amount of insurance change. A decrease in coverage may also limit the amount of premiums that you may contribute in the future. Prudential will not decrease a Certificate to the point where it would violate the Definition of Life insurance. You should consult your tax advisor before you change the Face Amount of your insurance. Generally, changes are effective the 1st of the month following the month in which the changes were processed.



7 **Fraud**
Warnings
Continued

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 RESIDENTS—For your protection, California 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, 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.



7 **Fraud**
Warnings
Continued

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.

TEXAS RESIDENTS—For your protection, 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.

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.

Group Life, Accidental Death and Dismemberment, Group Variable Universal Life (GVUL) coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Group Variable Universal Life Insurance (Contract Series: 89759, 115320) is distributed by Prudential Investment Management Services LLC, 655 Broad Street, 19th Floor, 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. Contract series: 83500, 31300, 89759, 115320-GVUL

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