



**Converting
Group Term
Life Insurance
to Individual
Insurance**



Prudential

The Prudential Insurance Company of America

IFS-A093375

Converting Group Term Life Insurance to Individual Insurance

A Prudential representative can assist you, without cost or obligation, with the conversion process and answer any questions you may have. If you do not have a Prudential representative currently handling your insurance and financial needs, you can locate the Prudential office most convenient to you in the telephone directory or through our website, www.prudential.com/giconversions.

Under the terms of your group life policy, some or all of your insurance coverage may be converted to permanent insurance. Please carefully read the provisions in your Booklet-Certificate which describe your conversion privilege, if any.

If you were insured for Accidental Death Benefits (ADB) under the group plan, you may be eligible to add an Accidental Death Benefit rider to the conversion policy. Subject to approval by Prudential, the amount of ADB is equal to the amount of life insurance coverage you are converting and may be included in policies issued at age 70 and under. The ADB is available for amounts between \$25,000 and \$500,000. Conversion rates are shown in the Rates Tables under the heading "With ADB."

You should submit your application and first premium within the 31-day period specified in your Booklet-Certificate.

Premium rates for the Prudential Guaranteed Life Insurance policy, issued by The Prudential Insurance Company of America, are included in this brochure. These are standard rates per \$1,000 of insurance and apply to most individuals who are converting. The right to convert to a Prudential Guaranteed Life Insurance policy is guaranteed, provided the terms as described in your Booklet-Certificate are met.

Servicemembers/Reservists:

If you wish to convert Servicemembers' Group Life Insurance (SGLI) to a Prudential individual life insurance policy, you must submit your application, first month's premium, the letter you received from the Office of Servicemembers' Group Life Insurance, and the proof of SGLI as defined in the above mentioned letter to a Prudential office within 120 days of your release from uniformed service or release from assignment to the Ready Reserves.

Veterans:

If you wish to convert Veterans' Group Life Insurance (VGLI) to a Prudential individual life insurance policy, you must submit your application, first month's premium, and your VGLI Conversion Notice, SGL 183, to a Prudential office.

Like most insurance policies, Prudential's policies contain exclusions, limitations, reductions of benefits, and terms for keeping them in force. A Prudential representative can provide you with costs and complete details.

Policy Description

The following is a brief description of the policy available as a conversion for which rates are included in this brochure. Additional information regarding the policy described below may be obtained from a Prudential representative.

Prudential Guaranteed Life Insurance

Prudential Guaranteed Life Insurance is a whole life product with a guaranteed cash value and a guaranteed death benefit for the lifetime of the insured, provided premiums are paid when due and there are no outstanding loans or withdrawals. The face amount is payable at death.

The basic premiums are level and payable to the policy anniversary when the insured is age 85, or until death, if earlier. If the insured survives the premium payment period, the policy is continued with no further premium required. Prudential Guaranteed Life Insurance is a non-participating policy, which means dividends will **not** be paid on the policy.

Guarantees are based on the claims-paying ability of The Prudential Insurance Company of America.

If you have any questions, call the number indicated on the cover letter. When requesting information, please state your date of birth, your group policy number, and the name of the organization through which your group insurance was obtained.

Acceptance and negotiation of your conversion premium payment by The Prudential Insurance Company of America is not a guarantee that an individual conversion policy will be issued as requested on the Conversion Request Form. All conditions precedent to issue of an individual conversion policy, including, without limitation, confirmation of your eligibility for conversion coverage, confirmation of the maximum amount of coverage eligible for conversion, completion of all reasonably required paperwork, and payment of any additional conversion premiums, must be received by Prudential in a timely manner. A delay in submitting required information, documentation, or additional premium will not extend the conversion time period specified above.

Instructions for Calculating Premiums

**ALL CONVERSION APPLICATIONS MUST BE
ACCOMPANIED BY THE ENTIRE FIRST PREMIUM.**

How to Calculate Prudential Premiums

Premiums are payable annually, semi-annually, quarterly, or by pre-authorized monthly check draft (Prumatic). The mode of payment selected must produce a minimum premium of \$15.00.

Use standard rates per \$1,000 shown on pages 5-7 in this brochure. After determining the premium for the amount of insurance being converted, add the following policy constant to obtain the premium for the policy:

- \$85.00 for annual mode of payment
- \$45.00 for semi-annual mode of payment
- \$23.00 for quarterly mode of payment
- \$8.00 for monthly (Prumatic) mode of payment

The example below illustrates a premium calculation for a \$25,000 Prudential Guaranteed Life Insurance policy with Accidental Death Benefit (ADB) for someone who is 40 years old. The payment mode is quarterly. (The rates for \$25,000-\$99,999 are contained on page 6.)

1. The rate per \$1,000 with ADB for a quarterly payment shown on page 6 is \$4.61.
2. Multiply the amount of insurance being converted (i.e., the number of \$1,000 units) by the rate per \$1,000 and add the quarterly policy constant:

$$25 \times \$4.61 = \$115.25 + \$23.00 = \$138.25$$

Prudential Guaranteed Life (For Policies \$1-\$24,999)

Standard rates per \$1,000 - A policy constant must be added to the total premium.

Please refer to the section "HOW TO CALCULATE PRUDENTIAL PREMIUMS"

UNISEX

Issue Age	Annual	Semi-Annual	Quarterly	Prumatic
15	10.92	5.68	2.89	0.97
16	11.07	5.76	2.93	0.99
17	11.46	5.96	3.04	1.02
18	11.76	6.12	3.12	1.05
19	11.95	6.21	3.17	1.06
20	12.15	6.32	3.22	1.08
21	12.49	6.49	3.31	1.11
22	12.82	6.67	3.40	1.14
23	13.14	6.83	3.48	1.17
24	13.46	7.00	3.57	1.20
25	13.79	7.17	3.65	1.23
26	14.19	7.38	3.76	1.26
27	14.61	7.60	3.87	1.30
28	15.06	7.83	3.99	1.34
29	15.51	8.07	4.11	1.38
30	15.98	8.31	4.23	1.42
31	16.45	8.55	4.36	1.46
32	16.96	8.82	4.49	1.51
33	17.46	9.08	4.63	1.55
34	17.97	9.34	4.76	1.60
35	18.49	9.61	4.90	1.65
36	19.16	9.96	5.08	1.71
37	19.84	10.32	5.26	1.77
38	20.54	10.68	5.44	1.83
39	21.26	11.06	5.63	1.89
40	22.00	11.44	5.83	1.96
41	22.73	11.82	6.02	2.02
42	23.49	12.21	6.22	2.09
43	24.25	12.61	6.43	2.16
44	25.04	13.02	6.64	2.23
45	25.84	13.44	6.85	2.30
46	26.84	13.96	7.11	2.39
47	27.89	14.50	7.39	2.48
48	28.96	15.06	7.67	2.58
49	30.09	15.65	7.97	2.68
50	31.26	16.26	8.28	2.78
51	32.51	16.91	8.62	2.89
52	34.08	17.72	9.03	3.03
53	35.78	18.61	9.48	3.18
54	37.61	19.56	9.97	3.35
55	39.57	20.58	10.49	3.52
56	41.68	21.67	11.05	3.71
57	43.97	22.86	11.65	3.91
58	46.47	24.16	12.31	4.14
59	49.24	25.60	13.05	4.38
60	52.29	27.19	13.86	4.65
61	55.41	28.81	14.68	4.93
62	58.83	30.59	15.59	5.24
63	62.56	32.53	16.58	5.57
64	66.64	34.65	17.66	5.93
65	70.35	36.58	18.64	6.26
66	76.49	39.77	20.27	6.81
67	83.46	43.40	22.12	7.43
68	91.35	47.50	24.21	8.13
69	100.61	52.32	26.66	8.95
70	109.25	56.81	28.95	9.72
71	119.04	61.90	31.55	10.59
72	130.05	67.63	34.46	11.57
73	142.56	74.13	37.78	12.69
74	156.98	81.63	41.60	13.97
75	171.02	88.93	45.32	15.22

*ADB is not available with face amounts of less than \$25,000. These rates are effective 1/1/09 and are subject to change at Prudential's discretion. Your rate is based on your age on the effective date of your policy.

Prudential Guaranteed Life (For Policies \$25,000-\$99,999)

Standard rates per \$1,000 - A policy constant must be added to the total premium.

Please refer to the section "HOW TO CALCULATE PRUDENTIAL PREMIUMS"

UNISEX

Issue Age	Annual		Semi-Annual		Quarterly		Prumatic	
	Without ADB	With ADB	Without ADB	With ADB	Without ADB	With ADB	Without ADB	With ADB
15	6.91	7.71	3.59	4.01	1.83	2.04	0.61	0.68
16	7.16	7.96	3.72	4.14	1.90	2.11	0.64	0.71
17	7.41	8.21	3.85	4.27	1.96	2.17	0.66	0.73
18	7.62	8.41	3.96	4.37	2.02	2.23	0.68	0.75
19	7.78	8.55	4.05	4.45	2.06	2.26	0.69	0.76
20	7.96	8.72	4.14	4.54	2.11	2.31	0.71	0.78
21	8.23	8.98	4.28	4.67	2.18	2.38	0.73	0.80
22	8.53	9.27	4.44	4.82	2.26	2.46	0.76	0.83
23	8.85	9.58	4.60	4.98	2.35	2.54	0.79	0.85
24	9.17	9.89	4.77	5.14	2.43	2.62	0.82	0.88
25	9.52	10.24	4.95	5.32	2.52	2.71	0.85	0.91
26	9.85	10.58	5.12	5.50	2.61	2.80	0.88	0.94
27	10.19	10.93	5.30	5.68	2.70	2.90	0.91	0.98
28	10.55	11.30	5.49	5.88	2.80	3.00	0.94	1.01
29	10.94	11.70	5.69	6.09	2.90	3.10	0.97	1.04
30	11.33	12.10	5.89	6.29	3.00	3.20	1.01	1.08
31	11.75	12.53	6.11	6.52	3.11	3.32	1.05	1.12
32	12.18	12.97	6.33	6.74	3.23	3.44	1.08	1.15
33	12.64	13.45	6.57	6.99	3.35	3.56	1.12	1.19
34	13.13	13.96	6.83	7.26	3.48	3.70	1.17	1.24
35	13.62	14.46	7.08	7.52	3.61	3.83	1.21	1.28
36	14.14	15.00	7.35	7.80	3.75	3.98	1.26	1.34
37	14.69	15.57	7.64	8.10	3.89	4.12	1.31	1.39
38	15.27	16.17	7.94	8.41	4.05	4.29	1.36	1.44
39	15.86	16.78	8.25	8.73	4.20	4.44	1.41	1.49
40	16.47	17.42	8.56	9.05	4.36	4.61	1.47	1.55
41	17.10	18.07	8.89	9.39	4.53	4.79	1.52	1.61
42	17.76	18.76	9.24	9.76	4.71	4.98	1.58	1.67
43	18.44	19.47	9.59	10.13	4.89	5.16	1.64	1.73
44	19.14	20.20	9.95	10.50	5.07	5.35	1.70	1.79
45	19.87	20.96	10.33	10.90	5.27	5.56	1.77	1.87
46	20.78	21.90	10.81	11.39	5.51	5.81	1.85	1.95
47	21.72	22.88	11.29	11.89	5.76	6.07	1.93	2.03
48	22.68	23.87	11.79	12.41	6.01	6.33	2.02	2.13
49	23.65	24.88	12.30	12.94	6.27	6.60	2.10	2.21
50	24.66	25.94	12.82	13.49	6.53	6.87	2.19	2.30
51	25.75	27.07	13.39	14.08	6.82	7.17	2.29	2.41
52	27.07	28.44	14.08	14.79	7.17	7.53	2.41	2.53
53	28.51	29.94	14.83	15.57	7.56	7.94	2.54	2.67
54	30.08	31.57	15.64	16.41	7.97	8.36	2.68	2.81
55	31.78	33.33	16.53	17.34	8.42	8.83	2.83	2.97
56	33.39	35.01	17.36	18.20	8.85	9.28	2.97	3.11
57	35.14	36.84	18.27	19.15	9.31	9.76	3.13	3.28
58	37.05	38.83	19.27	20.20	9.82	10.29	3.30	3.46
59	39.16	41.03	20.36	21.33	10.38	10.88	3.49	3.66
60	41.50	43.46	21.58	22.60	11.00	11.52	3.69	3.86
61	43.86	45.93	22.81	23.89	11.62	12.17	3.90	4.08
62	46.45	48.63	24.15	25.28	12.31	12.89	4.13	4.32
63	49.28	51.59	25.63	26.83	13.06	13.67	4.39	4.60
64	52.36	54.81	27.23	28.50	13.88	14.53	4.66	4.88
65	55.17	57.77	28.69	30.04	14.62	15.31	4.91	5.14
66	58.89	62.66	31.14	32.58	15.87	16.60	5.33	5.58
67	65.23	68.18	33.92	35.45	17.29	18.07	5.81	6.07
68	71.28	74.45	37.07	38.72	18.89	19.73	6.34	6.62
69	78.34	81.75	40.74	42.51	20.76	21.66	6.97	7.27
70	84.90	88.58	44.15	46.06	22.50	23.48	7.56	7.89
71	92.32	N/A	48.01	N/A	24.46	N/A	8.22	N/A
72	100.65	N/A	52.34	N/A	26.67	N/A	8.96	N/A
73	110.11	N/A	57.26	N/A	29.18	N/A	9.80	N/A
74	120.98	N/A	62.91	N/A	32.06	N/A	10.77	N/A
75	133.79	N/A	69.57	N/A	35.45	N/A	11.91	N/A

6 These rates are effective 1/1/09 and are subject to change at Prudential's discretion. Your rate is based on your age on the effective date of your policy.

Prudential Guaranteed Life (For Policies \$100,000 +)

Standard rates per \$1,000 - A policy constant must be added to the total premium.

Please refer to the section "HOW TO CALCULATE PRUDENTIAL PREMIUMS"

UNISEX

Issue Age	Annual		Semi-Annual		Quarterly		Prumatic	
	Without ADB	With ADB	Without ADB	With ADB	Without ADB	With ADB	Without ADB	With ADB
15	5.31	6.11	2.76	3.18	1.41	1.62	0.47	0.54
16	5.55	6.35	2.89	3.31	1.47	1.68	0.49	0.56
17	5.80	6.60	3.02	3.44	1.54	1.75	0.52	0.59
18	6.03	6.82	3.14	3.55	1.60	1.81	0.54	0.61
19	6.18	6.95	3.21	3.61	1.64	1.84	0.55	0.62
20	6.39	7.15	3.32	3.72	1.69	1.89	0.57	0.64
21	6.65	7.40	3.46	3.85	1.76	1.96	0.59	0.66
22	6.96	7.70	3.62	4.00	1.84	2.04	0.62	0.69
23	7.27	8.00	3.78	4.16	1.93	2.12	0.65	0.71
24	7.61	8.33	3.96	4.33	2.02	2.21	0.68	0.74
25	7.96	8.68	4.14	4.51	2.11	2.30	0.71	0.77
26	8.30	9.03	4.32	4.70	2.20	2.39	0.74	0.80
27	8.65	9.39	4.50	4.88	2.29	2.49	0.77	0.84
28	9.02	9.77	4.69	5.08	2.39	2.59	0.80	0.87
29	9.41	10.17	4.89	5.29	2.49	2.69	0.84	0.91
30	9.83	10.60	5.11	5.51	2.60	2.80	0.87	0.94
31	10.28	11.06	5.35	5.76	2.72	2.93	0.91	0.98
32	10.74	11.53	5.58	5.99	2.85	3.06	0.96	1.03
33	11.22	12.03	5.83	6.25	2.97	3.18	1.00	1.07
34	11.74	12.57	6.10	6.53	3.11	3.33	1.04	1.11
35	12.28	13.12	6.39	6.83	3.25	3.47	1.09	1.16
36	12.85	13.71	6.68	7.13	3.41	3.64	1.14	1.22
37	13.44	14.32	6.99	7.45	3.56	3.79	1.20	1.28
38	14.08	14.98	7.32	7.79	3.73	3.97	1.25	1.33
39	14.73	15.65	7.66	8.14	3.90	4.14	1.31	1.39
40	15.42	16.37	8.02	8.51	4.09	4.34	1.37	1.45
41	16.13	17.10	8.39	8.89	4.27	4.53	1.44	1.53
42	16.89	17.89	8.78	9.30	4.48	4.75	1.50	1.59
43	17.67	18.70	9.19	9.73	4.68	4.95	1.57	1.66
44	18.49	19.55	9.61	10.16	4.90	5.18	1.65	1.74
45	19.35	20.44	10.06	10.63	5.13	5.42	1.72	1.82
46	20.25	21.37	10.53	11.11	5.37	5.67	1.80	1.90
47	21.19	22.35	11.02	11.62	5.62	5.93	1.89	1.99
48	22.15	23.34	11.52	12.14	5.87	6.19	1.97	2.08
49	23.19	24.42	12.06	12.70	6.15	6.48	2.06	2.17
50	24.25	25.53	12.61	13.28	6.43	6.77	2.16	2.27
51	25.43	26.75	13.22	13.91	6.74	7.09	2.26	2.38
52	26.70	28.07	13.88	14.59	7.08	7.44	2.38	2.50
53	28.07	29.50	14.60	15.34	7.44	7.82	2.50	2.63
54	29.57	31.06	15.38	16.15	7.84	8.23	2.63	2.76
55	31.19	32.74	16.22	17.03	8.27	8.68	2.78	2.92
56	32.69	34.31	17.00	17.84	8.66	9.09	2.91	3.05
57	34.31	36.01	17.84	18.72	9.09	9.54	3.05	3.20
58	36.06	37.84	18.75	19.68	9.56	10.03	3.21	3.37
59	38.03	39.90	19.78	20.75	10.08	10.58	3.38	3.55
60	40.19	42.15	20.90	21.92	10.65	11.17	3.58	3.75
61	42.35	44.42	22.02	23.10	11.22	11.77	3.77	3.95
62	44.72	46.90	23.25	24.38	11.85	12.43	3.98	4.17
63	47.32	49.63	24.61	25.81	12.54	13.15	4.21	4.42
64	50.15	52.60	26.08	27.35	13.29	13.94	4.46	4.68
65	52.69	55.29	27.40	28.75	13.96	14.65	4.69	4.92
66	56.81	59.58	29.54	30.98	15.05	15.78	5.06	5.31
67	61.46	64.41	31.96	33.49	16.29	17.07	5.47	5.73
68	66.71	69.88	34.69	36.34	17.68	18.52	5.94	6.22
69	72.84	76.25	37.88	39.65	19.30	20.20	6.48	6.78
70	78.43	82.11	40.78	42.69	20.78	21.76	6.98	7.31
71	84.75	N/A	44.07	N/A	22.46	N/A	7.54	N/A
72	91.82	N/A	47.75	N/A	24.33	N/A	8.17	N/A
73	99.84	N/A	51.92	N/A	26.46	N/A	8.89	N/A
74	109.06	N/A	56.71	N/A	28.90	N/A	9.71	N/A
75	119.90	N/A	62.35	N/A	31.77	N/A	10.67	N/A

7 These rates are effective 1/1/09 and are subject to change at Prudential's discretion. Your rate is based on your age on the effective date of your policy.

Rate Calculation Sheet

Number of Units per \$1,000 _____
(E.g. \$10,000 = 10 Units)

Rate per \$1,000 _____
(Refer to rate charts based on
amount of coverage being converted)

Policy constant per premium mode _____
(Refer to page 4:

- \$85.00 = annual mode
- \$45.00 = semi-annual mode
- \$23.00 = quarterly mode
- \$8.00 = monthly mode (Prumatic))

Number of Units x Rate per \$1,000 + Policy Constant = Premium

Please note that your rate will be based on your age on the
effective date of your policy.

Group Basic and Optional Term Life Insurance coverages are issued by
The Prudential Insurance Company of America, a New Jersey company,
751 Broad Street, Newark, NJ 07102-3777. (Contract Series: 83500)

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Prudential

APPLICATION FOR CONVERSION OF GROUP LIFE INSURANCE

INSTRUCTIONS

1. Complete the application in its entirety, then sign and date it.
2. Refer to the "Conversion brochure" booklet on the Prudential website to calculate the 1st premium payment due.
3. Mail pages 2 and 3 of the application with the premium to: **The Prudential Insurance Company of America**

Prudential/Group Life Conversions
P.O. Box 70180, Philadelphia, PA 19176

You may visit us on line at www.prudential.com/giconversions or call our toll-free number at 877-889-2070. Fax number 888-634-1118.

Insurance under the individual contract will become effective on the day after the last day of the conversion period provided by the group policy. If the effective date is after the 28th day of the month, the individual contract will be dated the 1st of the next month.

IMPORTANT INFORMATION ABOUT BENEFICIARY DESIGNATIONS

The beneficiary(ies) who will receive the proceeds for your converted group insurance must be designated in Section 1. You may name anyone or any entity as your beneficiary, and you may change your beneficiary at any time.

The Primary Beneficiary(ies) (Class 1) will receive the proceeds payable at the Insured's death. If no Primary Beneficiary survives the Insured, the Contingent Beneficiary(ies) (Class 2) will receive any proceeds.

BENEFICIARY AND OWNERSHIP INSTRUCTIONS

1. BENEFICIARY DESIGNATION

- You may name more than one primary and more than one contingent beneficiaries. This form allows you to name up to three primary and three contingent beneficiaries.
- Please indicate the percentage share designated to each primary beneficiary. The total for all primary beneficiaries must equal 100%. If designating percentages for contingent beneficiaries, the percentage for all contingent beneficiaries must also equal 100%. If no percentages are specified, the proceeds will be split evenly among those named.

Individual:

- Each name should be listed as first name, middle initial, last name ("Mary A. Doe" not "Mrs. M. Doe")
- Include the address and relationship for each individual listed.

Estate of the Insured:

- Select "Other" as the Beneficiary Description and write "Estate of the Insured" in the blank space provided.
- Indicate the percentage share designated to the estate.

Business (e.g., corporation, partnership) or other Organization:

- Select "Other" as the Beneficiary Description.
- Write the legal name of the business or organization in the space for the Beneficiary's First Name. If a business, indicate the structure, e.g., corporation, partnership, sole proprietorship, limited liability company.
- You must provide the address, city, and state of where the business or organization is located.

Trust under Trust Agreement:

- Select "Trust" as the Beneficiary Description.
- Complete Section 2, Trust Designation. The following information will need to be shown: the name of the trustee, name of the trust, date of the agreement, type of trust (revocable or irrevocable), and address.

2. TRUST DESIGNATION

- Complete this section if you have named a trust as a primary or contingent beneficiary.

3. OWNERSHIP

- If the owner is someone other than the primary proposed insured complete Section 3.

IMPORTANT TAXPAYER INFORMATION

The Company and its representatives and associates may not give tax or legal advice. We encourage you to consult your attorney or tax professional regarding tax questions or tax advice.

Taxpayer Identification Number. You must give us your Taxpayer Identification Number (TIN) in the Tax Certification section of this form. A TIN could be either a social security number or an Employer Identification Number. If the policyowner is an individual, the TIN is the Social Security number.

Backup Withholding. You must tell us if the Internal Revenue Service has notified you that you are subject to backup withholding because you didn't report all your taxable interest and dividends on your tax return. You are not subject to backup withholding if: (a) you did not receive such a notice from the IRS, or (b) if the IRS recently told you that you are no longer subject to a backup withholding order, or (c) you are exempt from such withholding. If you have been notified that you are subject to backup withholding, please check the appropriate box in the Tax Certification section on the reverse of this form.

Citizenship. You must state whether you are or are not a U.S. person (including resident alien) in the Tax Certification section on the reverse of this form. If you are not a U.S. person (including resident alien), you must provide the country of which you are a citizen and submit the applicable Form W-8(BEN, ECI, EXP, IMY). In most situations, the IRS Form W-8BEN will be the appropriate IRS Form W-8.

Penalties. You may be subject to IRS penalties, including fines and imprisonment, if you fail to provide your correct Taxpayer Identification Number, fail to report taxable interest or dividends on your tax return, or give false tax information.

EMPLOYER/EMPLOYEE INFORMATION

Employer/Association* _____ Policy/Control Number* _____
Employee's Name — First, Middle Initial, Last (Please print) _____ Employee's Social Security Number _____

*For servicemembers' and veterans' group life insurance conversions:

1. For Employer/Association, insert the words "Servicemembers' (SGLI)/Veterans' (VGLI) Group Life Insurance", whichever is applicable.
2. For Policy/Control Number, leave the line blank. Attach the authorization letter or the copy of evidence for conversion. Unless otherwise requested, insurance under the individual contract, if issued, will take effect as of the later of (a) the date the Conversion Application is completed and (b) the date following the last day of life insurance protection under the group policy as shown in the copy of evidence of conversion.

INSURED INFORMATION

Insured's Name — First, Middle Initial, Last (Please print) _____ Insured's Social Security Number _____

Address: Street _____

City _____ State _____ ZIP _____

Sex ☐ Male ☐ Female Date of Birth ____/____/____

Type of policy applying for: **PGL** Amount of Insurance Requested: \$ _____

If you were insured for accidental death benefits under the group plan, you may be eligible to add an accidental death benefit (ADB) rider to the conversion policy.* ADB pays an additional benefit if death is due to an accident as defined in the individual policy. The amount of ADB is equal to the amount of life insurance coverage you are converting. To be eligible, the amount of ADB must be at least \$25,000 with the total amount of ADB (on the insured's life) not exceeding \$500,000.

Are you requesting ADB? ☐ Yes ☐ No *Not available to residents of Florida or Massachusetts.

Select Premium Payment Option: ☐ Annually ☐ Semiannually ☐ Quarterly ☐ EFT/Monthly*

*Monthly is only via electronic funds transfer (EFT) from bank account.

Amount Paid (The full first premium must always be paid with application.) \$ _____

Present Employer Name and Address _____

Can you get group life insurance with your present employer? ☐ Yes ☐ No

Are you now applying, or have you applied in the last 31 days, for any other Prudential insurance contract? ☐ Yes ☐ No

For Florida residents only: Name and address of secondary addressee for notification of a past due premium payment. Written notice of secondary addressee information may be provided to us now or at any time while the policy is in force.

Name _____

Address: Street _____

City _____ State _____ ZIP _____

I hereby request that Prudential convert my current group coverage into an individual policy. The terms of this conversion policy shall be in accordance with the conversion provision of the group insurance contract. I declare that, to the best of my knowledge and belief, the above statements are complete and true. By signing this form, I authorize the requests made on this form.

OWNERSHIP: The owner of the contract is the proposed insured, unless a different owner is named in the application.

→ Signature of Insured **X** _____ Date: ____/____/____

→ Signature of existing policyowner **X** _____ Date: ____/____/____
(if different from the Insured)

→ Witness (Not beneficiary) **X** _____ Date: ____/____/____

Application Location (city and state where application is signed) (CITY) _____ (STATE) _____

TAX CERTIFICATION (PLEASE SEE IMPORTANT TAXPAYER INFORMATION ON THE INSTRUCTIONS PAGE)

To be completed by the policyowner. (If joint policyowners, to be completed by policyowner who assumes tax reporting liability.)

Policyowner's Name _____

Under penalties of perjury I (as policyowner) certify that: My correct taxpayer identification number (TIN) is _____

(A TIN could be either a Social Security number or an Employer Identification Number. For individuals, a TIN is the Social Security number.)

I am not subject to backup withholding for the following reasons:

- (a) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or
- (b) the IRS has notified me that I am no longer subject to backup withholding, or
- (c) I am exempt from backup withholding.

TAX CERTIFICATION (CONTINUED)

Complete the following if applicable:

☐ I have been notified by the IRS that I am subject to backup withholding due to the underreporting of interest or dividends.☐ I am not a U.S. person (including resident alien), I am a citizen of _____
(Attach the applicable IRS Form W-8[BEN, ECI, EXP, IMY].)

→ Signature of Policyowner

X

Date: ____ / ____ / ____

Name of company, if policyowner is a business or corporation _____

Title of signing officer, if policyowner is a business or corporation _____

1. BENEFICIARY DESIGNATION**PRIMARY BENEFICIARIES (CLASS 1)**Beneficiary Description (Check one): ☐ Individual ☐ Trust ☐ Other

% Share _____

First Name _____ MI _____ Last Name _____ Relationship _____

Address: Street _____

City _____ State _____ ZIP _____

Beneficiary Description (Check one): ☐ Individual ☐ Trust ☐ Other

% Share _____

First Name _____ MI _____ Last Name _____ Relationship _____

Address: Street _____

City _____ State _____ ZIP _____

Beneficiary Description (Check one): ☐ Individual ☐ Trust ☐ Other

% Share _____

First Name _____ MI _____ Last Name _____ Relationship _____

Address: Street _____

City _____ State _____ ZIP _____

If a primary beneficiary predeceases the Insured, such beneficiary's share will be payable equally to any surviving primary beneficiary(ies). If no primary beneficiary survives the Insured, the proceeds will be payable to the contingent beneficiary(ies).

CONTINGENT BENEFICIARIES (CLASS 2)Beneficiary Description (Check one): ☐ Individual ☐ Trust ☐ Other

% Share _____

First Name _____ MI _____ Last Name _____ Relationship _____

Address: Street _____

City _____ State _____ ZIP _____

Beneficiary Description (Check one): ☐ Individual ☐ Trust ☐ Other

% Share _____

First Name _____ MI _____ Last Name _____ Relationship _____

Address: Street _____

City _____ State _____ ZIP _____

Beneficiary Description (Check one): ☐ Individual ☐ Trust ☐ Other

% Share _____

First Name _____ MI _____ Last Name _____ Relationship _____

Address: Street _____

City _____ State _____ ZIP _____

If a contingent beneficiary predeceases the Insured, such beneficiary's share will be payable equally to any surviving contingent beneficiary(ies). If no primary or contingent beneficiaries survives the Insured, the proceeds will be payable to the owner.

2. TRUST DESIGNATION - COMPLETE IF A TRUST HAS BEEN NAMED AS A BENEFICIARY

Name of Current Trustee(s) - First, Middle Initial, Last (Please print) _____

Name of Trust _____

Address: Street _____

City _____ State _____ ZIP _____

Trust Agreement: ☐ Revocable ☐ Irrevocable

Date of trust agreement: ____ / ____ / ____

3. OWNERSHIP - COMPLETE IF THE OWNER IS SOMEONE OTHER THAN THE PRIMARY PROPOSED INSURED

First Name _____ MI _____ Last Name _____

Date of Birth ____ / ____ / ____ Relationship to the Insured _____ Social Security number _____

Address: Street _____

City _____ State _____ ZIP _____