



Prudential

Authorization to Disclose Information to General Agent or Broker

The Prudential Insurance Company of America
Pruco Life Insurance Company
Pruco Life Insurance Company of New Jersey,
all are Prudential Financial companies
Corporate Offices, Newark, New Jersey 07102 – 973-802-6000

I, _____,
(Print name of proposed Insured)

hereby authorize Prudential Insurance Company of America, Pruco Life Insurance Company and/or Pruco Life Insurance Company of New Jersey, their employees, officers, affiliates, (collectively, "Prudential") to release any and all medical and driving information ("Information"), which has been collected by Prudential in connection with my current request for life insurance to the General Agent and Broker submitting that life insurance request. Information includes but is not limited to the results of any motor vehicle records, physical examination or tests, electrocardiogram, chest X-ray and Attending Physician Statements.

It is my understanding that the purpose of this authorization is to facilitate submission of this Information by the General Agent or Broker or their authorized representatives to other insurers to evaluate an application for insurance on my life. I understand that Prudential assumes no liability with respect to any application for insurance to other companies and makes no representation as to the completeness or accuracy of the Information. I also understand that Prudential will only provide disclosures as permitted by law, and, in its sole discretion, may not provide all Information in its possession. It is my responsibility to disclose any and all requested medical information to any insurance carrier to which I apply for insurance coverage.

I further understand that Prudential's privacy policy does not extend to the copy of the Information provided to the General Agent and/or Broker.

This authorization is effective as of the date it is signed and shall continue for six (6) months unless otherwise provided by law. I also understand that I may revoke this authorization by providing written notification to Prudential at Prudential Brokerage, PO Box 7426, Philadelphia, Pennsylvania 19176, which revocation shall be subject to the rights of Prudential to the extent Prudential has acted in reliance on the authorization prior to notice of revocation.

A copy of this authorization shall be as valid as the original.

I acknowledge that I have received a copy of this authorization from the General Agent or Broker.

Signature of Proposed Insured

Date





PROPOSED INSURED: _____

A. PURPOSE OF INSURANCE

REQUIRED: Primary Purpose of Insurance (Must choose at least one. Check all that apply.)

**Supplemental riders/benefits such as BAR for chronic or terminal illness do not qualify as a primary purpose of insurance.*

- Personal:** Survivor income Supplemental retirement income Debt/Mortgage protection
 Estate liquidity Final expenses Asset repositioning/Wealth Transfer
 Charitable giving
- Executive Benefits:** SERP/Deferred compensation Split dollar Restrictive bonus
 Executive 162 bonus
- Business:** Buy-Sell/Business continuation Loan indemnification Key person

OPTIONAL: Secondary Purpose of Insurance: BAR for Chronic/Terminal Illness

B. PRODUCER INFORMATION

Please identify all producers and firms involved in this sale. For split cases, please use whole percentage amounts. Include an additional page with all details if more than two producers. The producer will be paid directly for non-variable sales if no firm information is provided.

PRODUCER #1

Split commission %: _____

Producer name: _____ GA name: _____

Producer contract number: _____ GA contract number: _____

Producer Social Security number: _____ GA Employer Identification Number: _____

Producer e-mail for electronic policy delivery (if requested): _____ Case manager e-mail: _____

PRODUCER #1 FIRM

Complete only if producer #1 is acting on behalf of a firm (Both must be properly licensed and appointed for the sale.)

Firm name: _____ Firm contract number: _____

Firm Employer Identification Number: _____

PRODUCER #2

Split commission %: _____

Producer name: _____ GA name: _____

Producer contract number: _____ GA contract number: _____

Producer Social Security number: _____ GA Employer Identification Number: _____

PRODUCER #2 FIRM

Complete only if producer #2 is acting on behalf of a firm (Both must be properly licensed and appointed for the sale.)

Firm name: _____ Firm contract number: _____

Firm Employer Identification Number: _____

C. CASE DETAILS

Who is responsible for the requirement ordering?

- Age and amount requirements: Prudential Producer/GA
Preferred Exam Vendor: APPS SMM
Attending Physician Statement (APS): Prudential Producer/GA

D. KNOWLEDGE OF PROPOSED INSURED

- Did you see the proposed insured during the sales process? Yes No
- Is the proposed insured a prior client? Yes No
- Knowledge of Proposed Insured: Self Relative Know Slightly Known well for _____ Years at: Home Business
 Have never met Other (provide details on how you know the proposed insured) _____
- If you have never met, provide how the solicitation took place: Internet or Phone Sale Direct Mail Ticket Process Referral
 Financial Planner/CPA/Attorney Recommendation Walk in Other _____

(CONTINUED)



J. MILITARY

- 1. Is the proposed insured an active duty service member of the United States Armed Forces (including National Guard and Reserve)? Yes No
- 2. Is the policyowner, or the person to whom this policy was sold, an active duty service member of the United States Armed Forces (including National Guard and Reserve)? Yes No

For a YES answer to J1 or J2, complete the appropriate disclosure form(s) and return to the Home Office.

K. PRODUCER'S STATEMENT

- 1. If replacement, are all policies to be replaced Term policies? Yes No
- 2. Do you intend to deliver the policy face to face? Yes No

I certify that:

- The solicitation or sale did NOT take place on a military base or other Department of Defense (DOD) installation;
- I have no knowledge of any factors which may have a negative effect on the proposed insured's insurability;
- I have given the *Important Notice About Your Application for Insurance* to the proposed insured;
- I provided the policyowner with the brochure *What Every Consumer Should Know About Life Insurance* and answered any questions they had about the purchase;
- If required by state regulation, I have read the *Important Notice Regarding Replacement* aloud to the applicant or the applicant did not wish the notice to be read aloud;
- **If this is for the sale of a variable product:** I have provided current copies of the *Privacy Notice* and the *ID Verification Notice* to all owner(s) and legal representative(s) and I have offered the client a choice of a paper prospectus, CD or an electronic prospectus and provided the client with their choice;
- **If this is for the sale of an equity-indexed product:** I have provided the owner(s) with the appropriate disclosures and marketing brochures, which highlight key features of the product;
- **If this is a replacement:** I have discussed the advantages and disadvantages of the replacement with the client and determined that the transaction is appropriate and I have completed the state-required replacement form(s);
- I have no other information, other than as previously reported, that the proposed insured has existing life insurance or annuities or that indicates this coverage may replace or change any current insurance or annuity in any company;
- If I become aware of a change in the health or habits of the proposed insured occurring after the date of the application but before policy delivery, I promise to inform the Company of the change and agree to withhold policy delivery until instructed by the company;
- **CA:** The *CA Disclosure Statement* was provided to the policyowner in accordance with CA Insurance Code section 789.8;
- **NY:** I have fully discussed and explained the life insurance features and charges including restrictions to the applicant. I represent that: (a) this life insurance is suitable and in the best interest of the applicant in accordance with New York Insurance Regulation 187, (b) at or before the time of recommendation, I provided to the applicant all disclosures required under New York insurance regulations, including disclosing, in a reasonable summary format, all relevant suitability considerations and product information, both favorable and unfavorable, that provided the basis for my recommendation, and (c) I have a reasonable basis to believe that the applicant has the financial ability to meet the financial commitments of the policy.
- **PA:** The *Disclosure Statement* as required by the Commonwealth of Pennsylvania Insurance Department was delivered to the policyowner;
- **VT:** If the policy applied for is a charitable gift, I have provided the *Charitable Life Gifts Disclosure* form to the proposed insured;
- All of the above statements are true and accurate.

→ Signature of producer **X** _____ Date _____



Prudential

Request for Initial Premium (E-PAY) and/or to Establish Monthly Electronic Funds Transfer (EFT)

For Life New Business only

The Prudential Insurance Company of America
Pruco Life Insurance Company of New Jersey
Pruco Life Insurance Company
All are Prudential Financial companies.

Check all that apply: Initial premium E-Pay
 Establish monthly EFT

CLIENT INFORMATION

Name of insured (first, middle initial, last name) _____

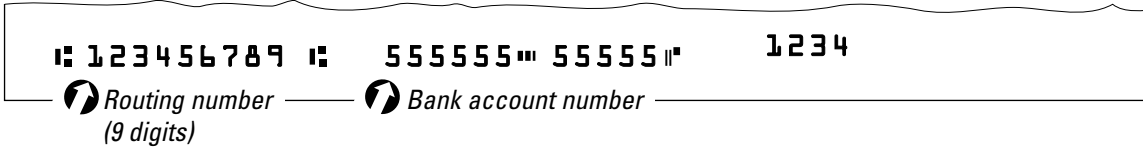
Policy number _____

INSTRUCTIONS

Use this form for Life New Business only to pay initial premium, COD, or additional monies due at policy placement using E-Pay and/or to establish monthly electronic funds transfers (EFT).

Please follow these steps:

- Complete sections 1 and 3 to request that your initial premium at point of sale or any premium or a balance due at placement be paid through E-Pay. Complete sections 2 and 3 to request monthly premium payments by EFT. Complete all sections to request both E-Pay and EFT.
- **If you are requesting initial premium or monthly EFT on more than one new policy, you must submit a separate form for each policy.**
- Print in black ink.
- Initial any corrections or changes that you make.
- Retain a copy of this form for your records.
- Refer to the check diagram below to help determine your bank routing number and bank account number.



On these pages, *I, me, my, you,* and *your* refer to the bank account owner. *Prudential, we,* and *us* refer to the Prudential company that issued the policy.

1 INITIAL PREMIUM (E-PAY) INFORMATION

Account owner type: Individual Corporate Trust Other _____

Name of account owner (first, middle initial, last name) _____

Address _____

City/State/ZIP code _____

Bank Information

Account type: Savings Checking Withdrawal amount \$ _____

Name of financial institution _____ Telephone number _____

Bank routing number (9 digits) _____ Bank account number _____

Copies provided to Home Office, Representative, and Applicant

ORD 114416 Ed. 8/2009



2 MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) INFORMATION

Monthly withdrawal **date**: _____ (between the 1st and 28th of the month) *

*The monthly withdrawal date must be on or before the premium due date. If any premium withdrawal date falls on a weekend or bank holiday, the withdrawal will occur on the next business day.

Monthly withdrawal **amount** \$ _____ (cannot exceed monthly premium unless the policy has flexible payment arrangements)

Use same bank account information in section 1. **If so, skip to Section 3.** Otherwise complete bank information below.

Account owner type: Individual Corporate Trust Other _____

Name of account owner (first, middle initial, last name) _____

Address _____

City/State/ZIP code _____

Bank Information

Account type: Savings Checking

Name of financial institution _____ Telephone number _____

Bank routing number (9 digits) _____ Bank account number _____

3 AGREEMENT AND SIGNATURE (Complete this section for all transactions.)

As a convenience to me, I authorize Prudential to make the fund transfer(s) from my account listed above. By signing below, I understand and agree that:

For Initial Premium E-Pay

- If a withdrawal request is not honored by the financial institution, Prudential will not consider the payment to be made.
- For initial premium E-Pay, Prudential will process this withdrawal request immediately and it cannot be revoked.

For Monthly EFT

- I may cancel the authorization at any time by giving Prudential prior written notification up to three business days preceding the scheduled date of the transfer.
- I have the right to receive notice of all varying transfers. Varying transfers might occur on a date and in a different amount than the one selected, but notification will occur.
- Prudential, in its sole discretion, reserves the right to remove any policy from the electronic funds transfer payment program at any time. The payment frequency on a non-EFT basis may be changed to quarterly or another less frequent mode.
- Prudential cannot establish an electronic funds transfer program if the dividend option is to reduce premiums. In that event, Prudential will withdraw the full amount of the premiums from my account. Unless otherwise elected, any future dividends will be used to provide paid-up additional insurance, if available, or will otherwise accumulate at interest.
- If a withdrawal request is not honored by the financial institution, Prudential will not consider the payment to be made. Prudential may, in its sole discretion, resubmit the withdrawal request for collection.
- I may modify this Agreement by authorizing Prudential to make preauthorized electronic funds transfer or other forms of check withdrawals from any other bank account or financial institution that I so designate verbally, in writing, or through an automated voice response system. Any such verbal request will be confirmed by Prudential in writing.
- If I am changing the bank account that funds are withdrawn from and past premiums are due at the time Prudential receives the completed form, Prudential will draft my bank account for any past premiums due no sooner than two days and no later than eight days after receiving this form. This does not apply to variable universal or universal life policies.

For Initial Premium E-Pay or Monthly EFT

- I have 60 days from the date of the withdrawal to notify Prudential of any errors related to a transfer under this agreement.
- Except as required by the Electronic Funds Transfer Act and Regulation E, Prudential will not be liable for any exemplary, special, consequential, punitive, indirect or incidental damages, regardless of whether any claim is based on a contract or whether any such damages were foreseeable.

X

Account owner's signature

Date (month/day/year)

Copies provided to **Home Office, Representative, and Applicant**

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Return this page to Prudential



The Prudential Insurance Company of America
Pruco Life Insurance Company of New Jersey
Pruco Life Insurance Company

All are Prudential Financial companies

POLICY NUMBER (IF KNOWN): _____

PROPOSED INSURED: _____

TERMS AND CONDITIONS, ELECTRONIC SIGNATURE, AND ELECTRONIC DELIVERY CONSENT

THE FOLLOWING TERMS AND CONDITIONS GOVERN ELECTRONIC DOCUMENT DELIVERY FOR LIFE INSURANCE PRODUCTS WITH PRUDENTIAL.

Your consent is voluntary. In order to receive and submit life insurance documents electronically, you must first consent to electronic delivery and submission of documents. Read the following terms and conditions and if you wish to consent to electronic delivery and submission, complete the Electronic Policy Delivery Contact Information and Signatures sections below and return the form to your representative. If you do not wish to sign your documents online or receive documents electronically, do not complete or sign this form. Not all life insurance policies are eligible to be delivered electronically.

By completing the Electronic Policy Delivery Contact Information and Signatures sections, I confirm the following statements:

- I consent to applying an electronic signature to all forms signed during the life insurance policy process and to electronic delivery of all records, including any policy issued, along with all disclosures, confirmations, statements and other communications permitted by law to be sent electronically.
- I agree that this consent is effective on the date I affix my signature below.
- I understand that I have the right to withdraw such consent at any time by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that I can opt out of electronic delivery and usage of electronic transmissions and records at any time by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that the policy is not complete until all signatures (including those by me, the representative, and other authorized individuals, if required) are captured and the policy documents are submitted to Prudential.
- I confirm that the contact number provided for the delivery of an authentication code belongs to me.
- I consent to receiving an automated message (voice or text) containing an authentication code via the delivery method selected.
- I understand that I will receive an email with a link that will allow me to access electronically delivered documents. I further understand that I have 90 days to view and electronically sign the documents, unless the company voids the transaction, the insured and/or policyowner declines to sign the documents, or all parties sign the documents. Once voided, declined, or signed the electronically delivered documents will be accessible for 14 days. I have the option to print or save copies of the documents during this period.
- I have the option to receive one free paper copy of any electronically transmitted record, if requested, by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that the proposed insured and the policyowner (if different than the insured) will receive the above-mentioned email link at the email address(es) provided in the Electronic Policy Delivery Contact Information section.
- I understand that in the event my personal contact information changes or if I detect any errors in the information I've provided, I must immediately notify Prudential of the changes/error by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that at the time I attempt to access my documents electronically, I must have access to the authentication code delivery contact number and authentication code delivery method populated below.
- I understand that to access my documents electronically, I must have access to a computer that is capable of supporting internet access and a compatible browser application along with a personal email address. Compatible browsers include current versions of Chrome, Mozilla Firefox, Internet Explorer for Windows, Safari, and Windows Edge. I must also have software that allows me to view PDF files, such as Adobe Reader or a browser plug in.

By signing below, you agree to be legally bound as if you had signed the electronically delivered life insurance policy and other documents with a handwritten signature, and you acknowledge that you have reviewed and agree to the above terms and conditions.

Your electronic signature can only be affixed to a document using your confidential password. Your signature is never stored by Prudential for use on another document.

You may retain a copy of these Terms and Conditions for your records. If you have any questions, please contact your representative.

Prudential's contact information can be found at www.prudential.com/myaccess.

The email address(es) provided will receive a confirmation email from ili.lnb.support.edelivery@prudential.com and/or your financial professional. The life insurance policy and other documents may be delivered electronically when the following requirements have been met:

1. *Consent for Electronic Policy Delivery* (ORD 115309) is fully completed, signed by the insured and policyowner (if different than the insured), and submitted to the Company.
2. The insured and policyowner (if different than the insured) receive and complete the validation email sent to the email address(es) provided to the Company.
3. The signing producer has a valid electronic delivery agreement in place with the Company.



ELECTRONIC POLICY DELIVERY CONTACT INFORMATION

The email address(es) provided will only be used for electronic policy delivery. The authentication code delivery contact number and delivery method will only be used to deliver an authentication access code, which is required to access your electronic policy package. The email address(es) and contact information may differ from the information provided on the Application for Life Insurance.

A. Proposed Insured Electronic Policy Delivery Preferences

- 1. Email address: _____
- 2. Authentication code delivery method: Text Voice Call
- 3. Authentication code delivery contact number: _____

B. Policyowner Electronic Policy Delivery Preferences (complete if policyowner is different than proposed insured)

- 1. Email address: _____
- 2. Authentication code delivery method: Text Voice Call
- 3. Authentication code delivery contact number: _____

Definitions: The term "Company" refers to the company named at the beginning of the Application for Life Insurance.

SIGNATURES

Signature of Insured **X** _____ (DATE) _____

Signature of Policyowner **X** _____ (DATE) _____

(if different than proposed insured)



PART 1

- Pruco Life Insurance Company
The Prudential Insurance Company of America
Both are Prudential Financial companies.
Corporate Offices, Newark, New Jersey

POLICY NUMBER (IF KNOWN):

A. PROPOSED INSURED (POLICY OWNER UNLESS SECTION D IS COMPLETED)

- 1. Name:
2. Previous name (if changed in the last 5 yrs.):
3. Social Security number: 4. State of birth (Country if not U.S.):
5. Gender: Female Male 6. Date of birth: / / 7. Date policy to Save Age? Yes No
8. Are you a permanent, legal US resident? Yes No
If No, provide country of legal residence, type and number of visa, expiration date and length of US residence:
9. Driver's license issuing state: Number: Expiration date:
If None, why not?:
10. Residence address (No PO boxes): Street Apt
City State ZIP
11. e-mail address:
12. Home telephone number: Business telephone number (ext.):
13. Current employer name:
Business address: Street Suite
City State ZIP
14. Occupation:
Duties:
15. Earned annual income \$ Unearned annual income \$ Net worth \$

B. PLAN OF INSURANCE

- 1. Amount of insurance applied for: \$ Complete Financial Supplement with total face amounts of \$5,000,000 or more up to age 70, \$2,500,000 or more ages 71-80, \$1,000,000 or more ages 81 and up.
2. Product applied for:
Term Essential: 10 15 20 30
Term Elite: 10 15 20 30
PruLife Custom Premier II (PCP II) Complete the Variable Supplement.
PruLife Founders Plus (FPF) Complete the FPF Supplement.
PruLife Index Advantage (IAUL) Complete the IAUL Supplement.
PruLife Essential Universal Life (EUL)
PruLife Universal Protector (UL Protector)
VUL Protector (VULP) Complete the Variable Supplement.
Other:
3. For UL and VUL products only: Death Benefit type: Type A (Level) Type B (Variable) - N/A for UL Protector
Type C (Return of Premium) - N/A for UL Protector & VULP. - Interest rate: %
4. For UL and VUL products only: Definition of life insurance:
Cash Value Accumulation Test (CVAT) Guideline Premium Test (GPT)
5. Requested Optional Benefits: (Not all benefits are available for all products.):
Waiver of Premium/Enhanced Disability Benefit
Acceleration of Death Benefit (Living Needs Benefit)
Accidental Death Benefit: Amount \$
BenefitAccess Rider Complete BenefitAccess Rider Supplement.
If applicable, Select Max Monthly Benefit Percentage 2% or 4%
Other Riders/Benefits (indicate amount where applicable):
Overloan Protection Rider
Child Rider Complete Child Rider Supplement.
Automatic Premium Loan
Enhanced Cash Value Rider

C. PREMIUM

- 1. Send notices (check one): Policyowner Other recipient:
Send notices (check one): Policyowner's residence Other address:
Street Apt
City State ZIP
2. Premium payment mode: Annual Semiannual Quarterly Monthly - Electronic Funds Transfer
3. For non-term plans, billed premium: \$



D. OWNER (COMPLETE IF OWNER IS OTHER THAN THE PROPOSED INSURED)

For multiple owners, details are to be listed in Special Requests, section H.

- 1. Name of owner: _____
- 2. Social Security/Tax identification number (SSN/TIN): _____
- 3. Residence address (No PO boxes): Street _____ Apt _____
 City _____ State _____ ZIP _____
- 4. Owner's email address: _____

5a. For trust owner: **Complete the Trustee Statement and Agreement (COMB 86044).**

Trust date: ____ / ____ / ____

Trustee(s) _____

Type: Revocable Irrevocable Qualified Retirement Plan Trust Welfare Benefit Trust

5b. For business owner: **Complete the Business Supplement.**

Form: Corporation Partnership Sole proprietorship Other: _____
 S Corporation LLC Tax exempt

5c. For personal owner:

Total insurance program: Currently in-force: \$ _____ Pending applications: \$ _____

Relationship to Proposed Insured: _____ Date of birth: ____ / ____ / ____

Earned annual income: \$ _____ Unearned annual income: \$ _____ Net worth: \$ _____

E. BENEFICIARY DETAILS

If insurance is for business purposes, also complete the Business Insurance Supplement. If beneficiary is a trust, provide name of trust and trustee(s), date of trust and if trust is revocable or irrevocable. If beneficiary is a business, please list name of business, city and state where located and the form of business.

Name: First	Middle	Last	Relationship to Proposed Insured	Age	Beneficiary Class	
					Primary	Secondary/Contingent
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

F. INSURANCE HISTORY

- 1. Do you have any existing life insurance or annuities? Yes No
 Note: Existing coverage includes any life insurance policies that have been assigned, sold or transferred.
- 2. Will this insurance replace* any existing insurance or annuity? Yes No
- 3. List the following details for all existing coverage. (List only annuities to be replaced*, list all in force life insurance):

Insurance Company	Face Amount	Type	Product	To Be Replaced?* 1035 Exchange?			
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	\$ _____	<input type="checkbox"/> Group <input type="checkbox"/> Individual	<input type="checkbox"/> Annuity <input type="checkbox"/> Life	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*Replace or replaced means that the insurance being applied for may replace or cause a change in any existing insurance or annuity with any company, including the lapse or surrender of the existing policy, or the use of funds or values from the existing policy to pay for the new policy.

- 4. Are you applying for or reinstating life insurance with any company? Yes No
If Yes, give company name, amount applied for and total amount to be placed, including this application :

- 5. Have you had life or health insurance declined, postponed, rated or issued with an increased premium? Yes No
If Yes, give company name, type of insurance, date, action taken and reason for action :

(CONTINUED)

F. INSURANCE HISTORY (CONTINUED)

6. Is the proposed insured or proposed owner considering the transfer or sale to a life settlement company or other investor of: policy ownership; or, any interest in the policy benefits, either directly as a named beneficiary or indirectly as a beneficiary or owner of a trust or other entity? Yes No

If Yes, provide details : _____

G. GENERAL INFORMATION

1. In the past five years, have you flown as a pilot, student pilot or crew member or do you intend to become a pilot? Yes No
2. In the past five years, have you participated in any activities such as motorized vehicle racing, SCUBA diving, mountain climbing, skydiving, extreme sports such as BASE jumping, bungee jumping or cave exploration, or do you intend to? Yes No

If Yes, to Question 1 or 2 above, complete the appropriate Supplement.

3. Have you ever used tobacco or any other nicotine products such as cigarettes, cigars, pipe, chewing tobacco, snuff, nicotine gum or nicotine patch? *If Yes, provide details :* Yes No

Product Type(s)	Date Last Used	Frequency of Use
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. In the past five years, have you:
a. had your driver's license denied, suspended or revoked? Yes No
b. been convicted of or pled guilty to driving under the influence of alcohol and/or drugs? Yes No
c. been convicted of or pled guilty to any moving violations? Yes No

5. Within the past 10 years, have you been arrested, convicted, or imprisoned for any crime and/or are you currently awaiting trial for any crime? Yes No

6. Will you live or travel outside the United States within the next 12 months? Yes No
Details required include location (city/country), frequency, duration and purpose of each trip.

7. Give complete details of any "Yes" answers for questions 4 – 6, including question number and appropriate details:
Question # Details

H. SPECIAL REQUESTS

PART 2

A. PERSONAL PHYSICIAN INFORMATION

Name _____
Address: Street _____ Suite _____
City _____ State _____ ZIP _____
Telephone number: (____) _____ Date last seen: _____
Reason last seen: _____

If more than one personal physician, provide details in section D number 6.

B. PHYSICAL MEASUREMENTS

1. Height: _____ feet _____ inches Weight: _____ pounds
2. Within the last 12 months, have you had a change of weight (gain or loss) of more than 10 pounds? Yes No
If Yes, provide details: _____

C. FAMILY HISTORY

1. Have any immediate family members (mother, father, brother, sister) been diagnosed with or died from coronary artery disease, cerebrovascular disease, diabetes or cancer before age 70? Yes No
If Yes, provide details including which member and medical condition, age at diagnosis, and age at death (if applicable):

2. **Father:** Current age _____ or Age at death: _____ **Mother:** Current age _____ or Age at death: _____

D. MEDICAL INFORMATION

1. Has a member of the medical profession ever treated you for or diagnosed you with:
- a. high blood pressure, chest pain, a heart attack, coronary artery disease, a heart valve disorder, a heart murmur, an irregular heart beat, cerebrovascular disease, a stroke, circulatory disease, an aneurysm or any disease of the heart or blood vessels? Yes No
 - b. anemia or other abnormality of the blood (other than HIV)? Yes No
 - c. a polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma or Hodgkin's disease? Yes No
 - d. diabetes, high blood sugar, glucose intolerance or other endocrine disorder? Yes No
 - e. anxiety, depression, or any other mental or psychiatric illness? Yes No
 - f. an infection caused by the Human Immunodeficiency Virus (HIV) (**Not applicable in CA. In WI:** AIDS virus, HIV antibody testing is limited to FDA-licensed enzyme immunoassay and confirmatory HIV antibody tests. Any test performed at an anonymous counseling and testing site or home testing is confidential and need not be revealed on this application.), Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other sexually transmitted disease? Yes No
 - g. asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis or any other disorder of the lungs or respiratory system? Yes No
 - h. a seizure, epilepsy, multiple sclerosis, Parkinson's disease, muscular dystrophy, cerebral palsy, paralysis, Alzheimer's disease or any other disorder of the brain or nervous system? Yes No
 - i. an ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease or any other disorder of the esophagus, liver, stomach or intestines? Yes No
 - j. nephritis, polycystic kidney disease or any other disorder of the bladder, kidney, urinary tract or prostate? Yes No
 - k. arthritis, gout, back trouble, or any disease or disorder of the joints, muscles or bones? Yes No
 - l. lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system? Yes No
2. Have you ever used:
- a. cocaine, crack, marijuana, heroin, Ecstasy, PCP, LSD, methamphetamine, any other hallucinogenic drug or controlled substance? Yes No
 - b. amphetamines, barbiturates, sedatives, opiates or methadone, or controlled substance except as prescribed by a physician? Yes No
3. Have you had or been advised to have treatment or counseling for alcohol or drug use or been asked to reduce or eliminate their usage? Yes No
4. Other than what has already been disclosed, within the past 5 years, have you:
- a. requested or received disability or compensation benefits? Yes No
 - b. been a patient in a hospital or other medical facility, other than for normal childbirth? Yes No
 - c. had any other disease, disorder or condition? Yes No
 - d. been advised to have surgery, medical tests or diagnostic procedures (other than for HIV)? Yes No
5. Are you currently receiving medical treatment or taking any other medication or herbal supplement that has not already been disclosed? Yes No

AGREEMENTS

By signing this form, I have carefully reviewed the application including all supplements attached to the policy, and I agree to the following :

- To the best of my knowledge and belief, the statements in this application are complete, true and correctly recorded.
- Except for failure to pay premium, the validity of this policy will not be contested after it has been in force during the insured's lifetime for two years from the date it takes effect.
- If I have requested the Acceleration of Death Benefits (Living Needs Benefit), I have read the disclosures in the Living Needs Benefit brochure.
- My original signature has been affixed to this application, the original will be retained by the Company named at the beginning of this application ("Company"). The copies attached to the policy issued to me are identical in form and substance.
- Any policy issued on this application shall not take effect until after all of the following conditions are met:
 - A payment equal to the full first required premium is received by the Company within the lifetime of the proposed insured. A payment will only be considered to be received if one of the following valid items is received by the Company: (i) a check in the amount of the full first required premium; (ii) a completed and signed payment form for the first full premium; or (iii) any other form of payment acceptable to the Company.
 - The form of payment submitted is honored. If payment is made by credit/debit card, wire transfer or automatic bank draft, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.
 - A signed copy of this Application is received by the Company.
 - The Owner has personally received the policy during the lifetime of and while the health of the Proposed Insured is as stated in this application.
- Only an officer of the Company with the rank or title of Vice President may make or alter any contract or agree not to enforce any of the rights of the Company, and then only in writing. **No producer or medical examiner is authorized to accept risks, pass on insurability, make or alter contracts, or waive any of the other rights or requirements of the Company.** Notice to or knowledge imputed to any producer or medical examiner will not be notice of or knowledge to the Company unless it is set out in writing in this application.

FRAUD WARNING

(Not applicable in AZ.) Any person who knowingly:

- **HI, LA, NM, TN, VA and WA:** and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company may be subject to fines, denial of insurance benefits, or confinement in prison.
- **AL:** 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.
- **CO:** and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company may have committed fraud, or may have violated state law. 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.
- **AR, DC and RI:** 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.
- **OH:** and 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.
- **PA:** 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 subjects such person to criminal and civil penalties.
- **All other states:** and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company may have committed fraud, or may have violated state law.

SIGNATURES

Owner's Tax Certification (check boxes **ONLY** if applicable):

Under penalties of perjury, I certify that the taxpayer identification number (TIN) I have listed on this form is my correct TIN. I further certify that I am a U.S. person (including resident alien), I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code, and I am not subject to FATCA reporting.

- I have been notified by the Internal Revenue Service that I am subject to backup withholding due to the underreporting of interest or dividends
- I am subject to FATCA reporting
- I am not a U.S. person (including resident alien). You must submit the applicable Form W-8 (BEN, BEN-E, ECI, EXP or IMY). In most cases, Form W-8BEN will be the appropriate form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signed at (STATE) _____ on (DATE) _____

→ Signature of proposed insured **X** _____

If policyowner is different from the proposed insured:

→ For a personal policyowner(s): Signature(s) of policyowner(s) **X** _____

For an entity policyowner(s) (i.e., trust, business):

Name of entity _____

→ Signature of officer/trustee(s) **X** _____

Title of officer/trustee(s) _____

→ Signature of producer **X** _____



For ALL cases: It is the responsibility of the financial professional to complete and sign the individual application *Agent's Report* (ORD 114119–IND for Prudential financial professionals or ORD 114120–IND for Third Party financial professionals). Do not provide the *Agent's Report* directly to the client.

BEFORE SUBMITTING THE APPLICATION FOR LIFE INSURANCE

- Confirm that you are appropriately licensed and appointed in the applicable state(s).
- Refer to the *Product Availability by State* listing on www.pruxpress.com for all product and rider availability.
- Verify you have the correct state-specific version of the application and other forms, as applicable, for the state you are writing in.
- Insert the proposed insured's name and, if applicable, policy number on all forms.
- Provide the *Important Notice About Your Application for Insurance* (ORD 96200B) and the *What Every Consumer Should Know About Life Insurance* brochure to the proposed insured.
- Provide the *Privacy Notice* to the proposed insured or proposed policyowner(s), if different than the proposed insured, on ALL variable cases.
- Complete ALL applicable sections, supplements and agreements in **BLACK ink only** with clear and legible handwriting. Make sure to initial all changes. Incomplete applications will not be reviewed for underwriting. **NOTE: Applications should be completed with the assistance of the financial professional and not solely by the client.**
- Encourage the client to sign an *Authorization to Disclose Information on Which Underwriting Decision Is Made to Insurance Agent and/or Producer* (ORD 112719A for Prudential financial professionals) or *Authorization to Disclose Information to General Agent or Broker* (ORD 112719 for Third Party financial professionals).
- Complete the IRS tax certification and provide the state in which the owner is signing the application on page 6 of the *Life Insurance Application*. **Obtain all required signatures on the Application.**
- Provide an alternate mailing address under "Premium" (section C) if the proposed policyowner is not the premium notice recipient. A P.O. box address is acceptable.
- Enter an alternate mailing address under "Special Requests" (section H) when the proposed insured is not the policyowner nor the premium notice recipient, and mail cannot be delivered to the proposed insured's residential address provided under "Proposed Insured" (section A). A P.O. box address is acceptable.
- Complete all information requested on the *Authorization, Acknowledgement and Limited Insurance Agreement* (ORD 96200F for Prudential financial professionals) or the *Authorization to Release Information* (ORD 96200C for Third Party financial professionals).
- Review "When submitting a prepayment" below if you are collecting a prepayment under the terms of the Limited Insurance Agreement (LIA).
- Obtain **ALL** necessary signatures (proposed insured and proposed policyowner(s), if different than the proposed insured), titles, and dates, where applicable.

FOR NON-FACE-TO-FACE SALES:

The writing financial professional must collect the application information with both the proposed insured and the proposed policyowner(s), if different than the proposed insured.

- Select "NO" in section D, Question #1 of the *Agent's Report*, noting that the financial professional did NOT see the proposed insured during the sales process.
- Refer to the *Prudential's Guide to Non-Face-to-Face Sales* on www.pruxpress.com for eligibility requirements and additional information.**

WHEN USING FOR A POST-ISSUE TRANSACTION:

- Use "Special Requests" (section H) on the *Application for Life Insurance* for all policy change and term conversion requests.
- Include any required special wording, if provided by the Home Office.
- Use the Request for *Policy Change Supplement* (ORD 96200 CHG) ONLY when:
 - a. The existing policyowner of the policy being converted or changed is not the proposed policyowner on the new or changed policy; or
 - b. The rights restriction requires the beneficiary to sign all requests; or
 - c. There is a collateral assignee.
- Submit the initial premium amount for all contractual conversions, regardless of coverage amount.

WHEN SUBMITTING A PREPAYMENT:

- Complete a *Limited Insurance Agreement* (Limited Insurance Agreement section of the ORD 96200F for Prudential financial professionals or ORD 96200A for Third Party financial professionals).
- Always obtain **ALL** necessary signatures (proposed insured and policyowner(s), if different than proposed insured).
- Complete the *Request for Initial Premium (E-PAY) and/or to Establish Monthly Electronic Funds Transfer (EFT)* (ORD 114416), OR Instruct the payor to make the check payable to "Prudential Insurance Company".

NOTE: The total death benefit payable under all LIAs combined is the amount applied for, up to a maximum of \$1,000,000.

DO NOT:

X Waive any of our requirements or information we request as you do not have that authority.

X Guarantee or imply that Prudential will provide insurance.

X Use correction fluid/tape.

X Accept prepayment if:

- Submitted in the form of cash.
- The check is made payable to you or with the payee field left blank.
- The proposed insured is unable to certify the health attestations.
- The proposed insured's age is greater than 75 years.
- The total amount of insurance requested in all applications on the proposed insured is greater than \$5,000,000.



Corporate Offices, Newark, New Jersey

- The Prudential Insurance Company of America
 - Pruco Life Insurance Company
- Both are Prudential Financial companies.*

THANK YOU FOR CHOOSING PRUDENTIAL FOR YOUR INSURANCE NEEDS

POLICY NUMBER: _____

PART 1 – HEALTH CERTIFICATE

A premium can be collected and insurance can take effect under this Limited Insurance Agreement (the "Agreement") only if the following statement is true: I certify and affirm that the proposed insured has not:

- (1) Within the past 90 days been hospitalized or been advised by a member of the medical profession that he or she needs hospitalization for any reason (other than for normal pregnancy or well-baby care).
- (2) Within the past 12 months received treatment or advice from a member of the medical profession for heart disease, chest pain, stroke or cancer (except skin).

Person proposed for coverage: _____

Amount of insurance requested: \$ _____ Amount of prepayment: \$ _____

All premium checks must be made payable to the Company – do not make check payable to the producer or leave the payee blank. This agreement is valid only if the form of payment submitted is honored. If payment is made by credit card or automatic bank draft, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.

PART 2 – TERMS AND CONDITIONS

The Company agrees to provide limited life insurance coverage under the following terms and conditions:

A. EFFECTIVE DATE OF COVERAGE

Limited insurance starts on the date all of the following requirements have been met:

1. A payment equal to the full first required premium is received at our Administrative Office within the lifetime of the person proposed for coverage under this Agreement. A payment will be considered to be received only if one of the following valid items is received at our Administrative Office: (i) A check in the amount of the full first required premium; (ii) A completed and signed payment form for the first full premium; or (iii) Any other form of payment acceptable to the Company.
2. The form of payment submitted is honored. If payment is made by credit card or automatic bank draft, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.
3. All application information (including, but not limited to, all information necessary to complete parts 1 & 2 of the application and any questionnaires and supplements to the application) is provided and received at our Administrative Office and any medical examinations and tests required by the Company are completed and received at our Administrative Office.
4. This Agreement has been fully completed, signed and dated by the policyowner, proposed insured (if different than the policyowner) and producer.

However, if the proposed insured dies as a direct result of, independent from all other causes, accidental bodily injury within 30 days of the date payment is honored but before any exam and tests are completed, a death benefit will be paid under the terms of this Agreement. We will not pay a benefit under the preceding sentence for death caused or contributed to by: (1) infirmity or disease of mind or body or treatment for it or (2) any infection other than one caused by an accidental cut or wound.

B. END DATE OF COVERAGE

Limited insurance ends when the first of the following occurs:

1. We issue a policy as applied for and the application has been signed.
2. We deliver a policy other than as applied for. The limited insurance will end on delivery of the policy regardless of whether the policy is accepted.
3. We mail you a letter notifying you that we have declined to issue you a policy or that we will not provide limited insurance coverage on a prepaid basis.
4. Sixty days have passed since the Effective Date of Coverage under this Agreement, and the limited insurance provided under this Agreement has not ended for any of the reasons listed above.

If the limited insurance ends and is not replaced by a policy, we will refund the amount you paid.

C. AMOUNT OF COVERAGE

If the proposed insured dies, the total death benefit under this Agreement is the amount requested, up to a maximum aggregate amount of death benefit payable under this Agreement and any other Limited Insurance Agreement issued by the Company on the proposed insured of \$1,000,000. The total maximum aggregate amount of death benefit payable under this Agreement and any other Limited Insurance Agreement issued by the Company on any proposed insured cannot exceed \$1,000,000.

E. SIGNATURES

I have read this Limited Insurance Agreement including the Special Limitations in section D on page 2. The terms, conditions and limitations of this Agreement have been fully explained to me by the producer, and I understand and agree to them.

➔ Signature of proposed insured: X _____ Date: ____ / ____ / ____
(Parent/Guardian when proposed insured age is less than 18)

➔ Signature of policyowner(s): X _____ Date: ____ / ____ / ____
(If different from proposed insured Parent/Guardian when proposed insured age is less than 18)

I have no personal knowledge of any factors which may have a negative effect on the proposed insured's insurability:

➔ Signature of producer: X _____ Date: ____ / ____ / ____



D. SPECIAL LIMITATIONS (CONTINUED FROM PAGE 1)

- This Agreement does not provide coverage for any riders or additional supplemental benefits which you have requested from the Company.
- The limited insurance is subject to the terms, limitations and exclusions of the policy you have requested from the Company. We will pay the death benefit under this Agreement to the beneficiary you designated to the Company.
- If benefits are payable under this Agreement, then no benefit relating to that death will be payable under any policy that is subsequently issued.
- No producer, medical examiner, or any other Company representative is authorized to accept risks or determine insurability, or to alter or waive any of the terms or conditions of this Agreement, or to waive any of the Company's rights or requirements.
- The total amount of insurance requested in all applications on the proposed insured (or if survivorship coverage is requested, both proposed insureds combined) cannot exceed \$5,000,000.
- **There is no coverage under this Limited Insurance Agreement if the Health Certification is materially misrepresented or fraudulent. If death is due to suicide or intentionally self-inflicted injury, while sane or insane, payment will be limited to the return of the amount paid.**

Definitions: The term "Company" refers to the company named at the beginning of the Application for Life Insurance.

My original signature has been affixed to this Agreement. The original will be retained by the Company and I will receive a copy identical in form and substance.



Prudential

IMPORTANT NOTICE ABOUT YOUR APPLICATION FOR INSURANCE

The Prudential Insurance Company of America
Pruco Life Insurance Company

The words “you” and “your” refer to the primary proposed insured and policyowner or applicant, if other than the primary proposed insured.

This notice tells you about the information practices we will employ in evaluating your application for insurance. Information about Prudential’s information policies and practices relating to its customers and former customers is provided in our Privacy Notice.

UNDERWRITING INFORMATION AND PRACTICES

We review information about you to decide if you’re eligible for coverage. Your application is the primary source of this information. We may also obtain information about you from the following other sources: any required medical examination; the MIB, Inc.; and doctors, hospitals, health care providers, pharmacy benefit managers, consumer reporting agencies, publicly accessible sources, or any other organizations or persons who have information about you or your mental or physical health. In addition, we may request that an investigative consumer report be prepared in which information about your character, general reputation, personal characteristics, and mode of living is obtained through interviews with your neighbors, friends, associates, acquaintances, or others who may have knowledge concerning such items of information. You may ask to be interviewed in connection with the preparation of the investigative consumer report.

Your eligibility for coverage will depend on the information we collect, the application process we use to collect that information, and our underwriting risk assessment. Eligible proposed insureds who submit information through our telephone interview process may qualify for an accelerated underwriting program. This program is available for select products and could result in coverage being issued without a medical exam, which would otherwise be required. We strive for consistent results in our underwriting decisions regardless of the application process used. However, differences can occur, which could affect your premium. For example, if the insurance exam provides information not otherwise available, your policy costs could be higher than they would have been if underwritten through our accelerated underwriting program. It’s important to review any questions you have about our underwriting process with your financial professional.

DISCLOSING INFORMATION

We will treat any information we obtain or have obtained about you as confidential. We may disclose information we have collected as follows: to affiliates or third parties that perform services for us, or on our behalf, or that are providing service to you; to your doctor; to insurance regulators; to law enforcement or other governmental authorities under limited circumstances; for actuarial or research studies; or as otherwise permitted or required, with or without your authorization, by applicable law. Prudential or its reinsurers may make a brief report to the MIB, a not for profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file. Information about MIB may be obtained on its website at www.mib.com.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the MIB’s file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. MIB’s contact information can be found on their website at www.mib.com.

Prudential, or its reinsurers, may also release information in its file to other life insurance companies to which you may apply for life or health insurance or to which a claim for benefits may be submitted. A consumer reporting agency that prepares a consumer report may keep the information it has gathered and disclose it to others.

We may share your personal information with affiliates so that Prudential companies can market their products and services to you, unless you opt out of such sharing. Unless you agree otherwise, we do not disclose your information to other companies for them to market their products and services to you.

YOUR RIGHT TO INFORMATION

If we do not issue the contract you requested, we will tell you and explain the reasons for our decision in writing. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any investigative consumer report we request. You also have the right to request a written summary of your rights as a consumer from the consumer reporting agency that prepared the report. If you request one, a copy of any consumer report we obtained about you will be provided to you. Upon your request to the address below, we will provide you with our notice of information practices, which is a more detailed description of our information practices and your rights. You have the right to make a written request to us at the address below for access to personal information we have about you or to request that we correct, amend, or delete any information we have on record about you.

Prudential Ins. Co. of America
1600 Malone St, Suite: DTY
Millville, NJ 08332



Pruco Life Insurance Company
The Prudential Insurance Company of America
Both are Prudential Financial companies.

POLICY NUMBER (IF KNOWN): _____

PROPOSED INSURED NAME (PRINT): _____

This Authorization was intended to comply with the HIPAA Privacy Rule

- I authorize any licensed physician, medical practitioner, hospital, clinic, other health care provider, pharmacy benefit manager, insurance company or producer, financial or legal advisor, government agency, MIB Inc, consumer reporting agency, or other organization or person to give any information about me, or my mental or physical health to the Company and/or its agents authorized by the Company and/or MIB Inc to determine my eligibility for insurance and/or benefit payment, and/or to contest coverage and/or to conduct legally permissible actuarial, audit and research activities. It also includes motor vehicle records.
The information authorized for release includes (but not limited to paper and/or electronic format):
My entire medical record, including any information regarding medications used, drug and alcohol treatment, the results of any genetic testing previously performed, and communicable or venereal diseases, such as hepatitis, syphilis, gonorrhea, the human immunodeficiency virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS), and the diagnosis and treatment of mental health conditions, excluding psychotherapy notes.
For purposes of this Authorization, I hereby revoke any prior restriction on disclosure of my medical records, and authorize the release of my entire medical record to the Company, excluding psychotherapy notes.
I understand that the aforementioned parties requesting access to my (electronic or paper) medical records are acting as a patient authorized representative and will attempt to access my medical records in the most efficient manner possible, including electronic interchange through a Health Information Exchange or directly through My Providers' electronic health record system.
This Authorization may be revoked at any time by writing us at the Customer Service Office address provided in the Important Notice. The revocation will not be valid to the extent we relied on the authorization prior to the notice of revocation. In addition, the revocation does not effect our legal rights under the policy to contest a claim or the policy itself. Revocation or alteration of this Authorization may mean that we will not be able to complete the application process and may deny a claim for insurance.
Once disclosed to the Company, the information will no longer be protected by the Health Insurance Portability and Accountability Act, but will be protected by other applicable federal and state laws relating to the protection of personal information.
This Authorization also applies to any member of my family proposed for coverage in the application & is valid for 2 years after the date below for the purposes stated above.
A copy of this Authorization will be provided to me or my authorized representative by my insurance representative or the Company, either at the time of execution or shortly thereafter. I understand my representative can tell me how and when I will receive a copy. A photocopy of this Authorization is as valid as the original.
Treatment, payment, enrollment in a health plan, or eligibility for health benefits may not be conditioned on signing this authorization.

SIGNATURES

- I acknowledge that I have received the Important Notice About Your Application for Insurance.
I authorize the Company to retain and disclose information to reinsurers, or for insurance underwriting, policyholder service or claim handling, to others who perform services for us, to financial professionals or their agents involved in the sale or placement of a policy, or as otherwise allowed by law. I also authorize the Company, its reinsurers or authorized third-party administrators to make a brief report to MIB Inc. Any revocation of this authorization will not impact these rights of disclosure.

Signature of proposed insured X _____ Date: _____
(Parent/Guardian when proposed insured age is less than 18)





Prudential

Pruco Life Insurance Company
The Prudential Insurance Company of America
Corporate Offices, Newark, New Jersey

**Notice and Consent for AIDS virus (HIV)
Antibody/Antigen Testing**

To evaluate your insurability, the Insurer named above has requested that you provide a sample of your bodily fluid(s) for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies. By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result. A series of tests will be performed by a certified laboratory through a medically accepted procedure.

Pre-Testing Considerations

Many public health organizations have recommended that before taking an AIDS-related test, a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested.

Meaning of Positive Test Result

The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

Positive HIV antibody test results will adversely affect your application for insurance.

Confidentiality of Test Results

All test results are required to be treated confidentially. They will be reported by the laboratory to the Insurer. When necessary for business reasons in connection with insurance you have or have applied for with the Insurer, the Insurer may disclose test results to others involved solely in the underwriting process such as its affiliates, reinsurers, employees or contractors. We are a member of the Medical Information Bureau (MIB, Inc.), and if the test results for HIV antibodies/antigens are other than normal, we will report to the MIB, Inc. a generic code which signifies only a non-specific test abnormality. If your HIV test is normal, no report will be made about it to the MIB, Inc. The organizations described in this paragraph may maintain the test results in a file or data bank. The Insurer will make no other disclosure of test results or even that the tests have been done except as may be required (or permitted by law) or as specifically authorized by you.

If your HIV test results are normal, no routine notification will be sent to you. If the HIV test results are other than normal, the Insurer will contact you. The Insurer may also contact you if there are other abnormal test results which, in the Insurer's opinion, are significant. The Insurer will ask you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may wish to discuss the results.

Notification of Test Results

A positive or indeterminate test result will be disclosed to a physician you designate. Because a trained person should deliver that information so that you can understand clearly what the test result means, please list your private physician so that the Insurer can have him or her tell you the test result and explain its meaning.

Name of physician for reporting a positive or indeterminate test result: _____

Address: _____

Consent for Testing and Disclosure of Test Results

I have read and I understand this Notice and Consent for AIDS virus (HIV) Antibody/Antigen Testing. I voluntarily consent to the withdrawal of my bodily fluid(s), the testing of the specimen(s) provided and the disclosure of the test results as described above. I understand that I have the right to request and receive a copy of this authorization. A photocopy of this form will be as valid as the original.

Signature of Proposed Insured or Parent/Guardian _____ Date signed _____

Proposed Insured name _____

Address/City/State/ZIP _____





Prudential

Pruco Life Insurance Company
The Prudential Insurance Company of America
Corporate Offices, Newark, New Jersey

**Notice and Consent for AIDS virus (HIV)
Antibody/Antigen Testing**

To evaluate your insurability, the Insurer named above has requested that you provide a sample of your bodily fluid(s) for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies. By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result. A series of tests will be performed by a certified laboratory through a medically accepted procedure.

Pre-Testing Considerations

Many public health organizations have recommended that before taking an AIDS-related test, a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested.

Meaning of Positive Test Result

The test is not a test for AIDS. It is a test for antibodies to the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS but that you are at significantly increased risk of developing problems with your immune system. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

Positive HIV antibody test results will adversely affect your application for insurance.

Confidentiality of Test Results

All test results are required to be treated confidentially. They will be reported by the laboratory to the Insurer. When necessary for business reasons in connection with insurance you have or have applied for with the Insurer, the Insurer may disclose test results to others involved solely in the underwriting process such as its affiliates, reinsurers, employees or contractors. We are a member of the Medical Information Bureau (MIB, Inc.), and if the test results for HIV antibodies/antigens are other than normal, we will report to the MIB, Inc. a generic code which signifies only a non-specific test abnormality. If your HIV test is normal, no report will be made about it to the MIB, Inc. The organizations described in this paragraph may maintain the test results in a file or data bank. The Insurer will make no other disclosure of test results or even that the tests have been done except as may be required (or permitted by law) or as specifically authorized by you.

If your HIV test results are normal, no routine notification will be sent to you. If the HIV test results are other than normal, the Insurer will contact you. The Insurer may also contact you if there are other abnormal test results which, in the Insurer's opinion, are significant. The Insurer will ask you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may wish to discuss the results.

Notification of Test Results

A positive or indeterminate test result will be disclosed to a physician you designate. Because a trained person should deliver that information so that you can understand clearly what the test result means, please list your private physician so that the Insurer can have him or her tell you the test result and explain its meaning.

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Address: _____

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Signature of Proposed Insured or Parent/Guardian _____ Date signed _____

Proposed Insured name _____

Address/City/State/ZIP _____





Prudential Insurance Company of America
 Corporate Offices
 Newark, New Jersey 07102 – 973-802-6000

Important Notice Regarding Replacement

The Prudential Insurance Company of America
 Pruco Life Insurance Company
Both are Prudential companies.

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A *replacement* occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A *financed purchase* occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. ***(If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.)*** Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate.

 Applicant's Signature and Printed Name

 Date

 Producer's Signature and Printed Name

 Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

If you are replacing an existing policy or contract, no later than 30 days after the new policy or annuity contract is delivered to you, you may return it to us or your agent and receive an unconditional full refund of all premiums paid on it, including any policy fees or charges, less the amount of any payment(s) we may have already made.

If you are returning a variable policy or annuity contract, you will receive the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations, less the amount of any payment(s) we may have already made.



A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?



Prudential Insurance Company of America
 Corporate Offices
 Newark, New Jersey 07102 – 973-802-6000

Important Notice Regarding Replacement

The Prudential Insurance Company of America
 Pruco Life Insurance Company
Both are Prudential companies.

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You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

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Date

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Date

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If you are returning a variable policy or annuity contract, you will receive the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations, less the amount of any payment(s) we may have already made.

Copies provided to Insurance Company, Agent, and Applicant



Prudential

Prudential Insurance Company of America
Corporate Offices
Newark, New Jersey 07102 – 973-802-6000

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If you are returning a variable policy or annuity contract, you will receive the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations, less the amount of any payment(s) we may have already made.

WHAT EVERY CONSUMER SHOULD KNOW ABOUT LIFE INSURANCE

IMPORTANT POINTS TO CONSIDER BEFORE BUYING A LIFE INSURANCE POLICY

Please note that this brochure discusses various types of life insurance, including variable life insurance. Variable life insurance is considered a security; it is possible to lose money by investing in securities.

Insurance is issued by The Prudential Insurance Company of America, Pruco Life Insurance Company (except in New York), and Pruco Life Insurance Company of New Jersey (in New York and New Jersey), all located in Newark, NJ.



Prudential

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The Prudential Insurance Company of America and its affiliates (Prudential) are committed to providing information to our customers to help them select the right life insurance policy for their needs. Your financial professional can help you tailor your insurance program to help meet your individual goals based upon your financial status, objectives, and risk tolerance. We encourage you to consider and discuss your general insurance needs, the costs and expenses of life insurance, and the features and benefits of the many products we offer with your financial professional.

WHAT IS LIFE INSURANCE?

It's often said that life insurance is not for those who die—it's for those who live. And it is. If you die while you have life insurance in place, the people you've chosen (your beneficiaries) will receive a sum of money (the death benefit) from your life insurance policy. They can use this money for anything, but its main purpose is usually to help make up for the loss of your income.

HOW MUCH LIFE INSURANCE SHOULD I OWN?

There's no single right answer. Some people select a coverage amount that is equal to 6 to 10 times their annual gross salary; others opt for 2 times their annual gross salary. Coverage amounts are individual and certainly not "one size fits all." To get a more accurate view, it's best to meet with a financial professional and complete a personal needs analysis.

WHY DO I NEED LIFE INSURANCE?

Life insurance can help protect your family or business from financial loss if you should die while you have obligations. The death benefit proceeds, which your beneficiary receives generally free of federal income tax (IRC §101(a)), can replace some of the money you would have earned and can help with needs such as these on the right:

The needs most people have



Daily Living Expenses

Help maintain your family's lifestyle by replacing your current income. The death benefit proceeds can help keep the fridge filled, the lights on, and the car payments made on time.



Home

Help protect your family's home by enabling them to pay off the mortgage. This can help them stay where they're comfortable and in a place filled with warm memories.



Education

Help safeguard your child's future by keeping the college fund intact, helping to ensure that money for your children's education will be there, even if you're not.



Last Expenses

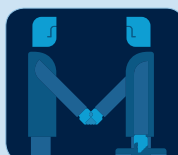
Help provide funds to pay estate taxes and other final expenses, such as funeral costs and outstanding medical bills, to help ensure that financial difficulties won't be among your family's sorrows.



Retirement

Help ensure a solid retirement for your spouse or partner if you're not there.

If you own a business



Business Continuation

Help keep your business in the family according to your intentions by helping your family buy out or maintain your business.

TERM OR PERMANENT LIFE INSURANCE—WHICH SHOULD I BUY?

For most people, the question should not be about which *one* to choose. Because the two types of life insurance are designed to help meet different types of needs, a combination of the two is appropriate for many people.

Term insurance usually provides the largest amount of insurance protection at the lowest initial cost. For this reason, it's the type most people start out with. Because term policies end at a specific point—the end of the term—they are best for providing protection for large needs with specific end points. For example, the parent of a young child may choose a 20-year term policy to provide protection until the child is over 18 and, perhaps, on his or her own.

Other typical periods you might choose term insurance to cover include the time:

- ▶ remaining on your mortgage obligation.
- ▶ you plan to continue to work and have others relying on your income.
- ▶ remaining on an outstanding business or other loan.

Permanent insurance is designed to last as long as you live and typically makes a good supplement to term insurance. You will likely still want insurance after your term coverage ends, either for life-long or unplanned needs, or for needs with an unpredictable or extended end date. Good reasons to have permanent insurance include helping to take care of:

- ▶ the costs associated with your death (often called “last expenses”), such as funeral or memorial costs, outstanding medical bills, and estate taxes.
- ▶ someone who becomes or may still be dependent on you (either financially or for care, or both), such as children who are not yet independent or who have special needs.
- ▶ a once-temporary need that you have extended—for example, a refinanced (and possibly extended) mortgage, a home equity loan, a delayed retirement date (meaning extended income-earning years), or a new business.
- ▶ someone, such as a parent, who has developed a condition and who now requires your care.
- ▶ your grandchildren.
- ▶ your “second” family from a remarriage.

CAN'T I JUST BUY ANOTHER TERM POLICY LATER?

For most people, buying a series of term policies throughout their lives as their situation changes is not the best strategy. Life insurance usually gets more and more expensive as you age. So, once you pass a certain age, the cost can become prohibitive. Also, if you develop a health condition that increases the amount you have to pay for life insurance or makes you unable to qualify to buy life insurance (uninsurable), you would risk not having life insurance. For these reasons, a permanent policy can help to protect or “lock in” your ability to qualify for life insurance (insurability).

WHY SHOULDN'T I JUST “BUY TERM AND INVEST THE DIFFERENCE”?

You may have heard the statement “Buy term and invest the difference.” In this scenario, the difference between the permanent life insurance premium and the traditional term life insurance premium is invested in a mutual fund, annuity, stocks, bonds, or other investment vehicle. The idea is that investing the difference would replace or exceed the cash value accumulation of permanent life insurance.

If you are deciding if this strategy is right for you, you need to consider what best suits your personal objectives and circumstances. For example:

- ▶ You may not have the discipline to actually invest the difference.
- ▶ You need the discipline not only to invest the difference, but also to invest early while the difference between the amount of your term insurance premium and the amount of the premium for your permanent insurance is the greatest. You need to make up early for the dramatic increase in the cost of term insurance at later ages.
- ▶ If you need to renew or reapply for your term policy, the cost may become prohibitive as you get older or if you develop health problems.
- ▶ If health problems occur, you could become uninsurable and not even be able to purchase term insurance when it comes time to renew.
- ▶ The investment you choose may not perform as hoped for. (This can also happen with variable life insurance.)

Carefully weigh knowledge about your habits and self-discipline along with the benefits, risks, product features, and any current or future charges associated with any insurance and/or investment product before making a decision about how to address your particular needs.



HOW DO I MAKE SENSE OF ALL THE PERMANENT POLICIES AVAILABLE?

It's true—there are many types of permanent insurance policies. They all can provide life insurance protection for your lifetime and typically have some ability to build cash value. This is why they are often called “cash value life insurance.” How they build this cash value and how great their potential is for the amount they can build are key differences among them. Plus, some permanent policies allow two people to be covered under one policy—these are called *survivorship* or *second-to-die* policies. (Please see our section on “More Information About Cash Value and Premiums” to learn more about using a policy’s cash value.)

Here is a snapshot of the types of permanent, or cash value, policies:

► Whole Life

This is the tried-and-true permanent life insurance that most people think of when they hear “permanent insurance.”

If you pay your premiums on time, your coverage will stay in force, and your policy will build cash value.

This is a great type of policy if your goal is to buy it and tuck it away in a drawer until it's needed by your beneficiary. This type also generally has the highest premiums.

► Universal Life (UL)

This type of policy can be a good match if you would like to earn interest within the policy while getting more flexibility than a traditional whole life policy allows.

You can choose your premium payment schedule and you may have the potential to earn more cash value.

Most UL policies earn a minimum interest rate, giving you some security about the earnings. You can usually borrow or take withdrawals from the cash value that accumulates in your policy.

One type of Universal Life policy is Indexed Universal Life, or IUL.

Unlike other universal life products, which credit interest based on rates declared in advance by the insurance company, IUL can credit interest based on the performance of independent financial indices. The most popular indices used for IUL are stock indices calculated without dividends. It is important to understand that the money in an IUL policy is not directly invested in any of the indices.

Policyowners may decide how much of the policy cash value is allocated to the index feature and how much is allocated to a fixed-interest option. Cash value allocated to the index is usually credited with interest based on the change in the index value from one year to the next (“Annual Point to Point”). Each index option includes a maximum (“cap”) and minimum (“floor”) rate that protect consumers from loss but limit upside growth. Generally, these factors are subject to change by the insurance company, though they will never be reduced below a contractual minimum.

► Variable Universal Life (VUL)

This type of policy gives you the flexibility of a universal life policy but adds an investment element.

With a VUL policy, you are in charge of how the part of your premium payments not needed for your actual costs and charges (net premiums) are invested. You have a choice of investment options (also called subaccounts), and you can decide how much of your net premiums should be allocated to each of the options you select. The subaccounts can invest in stocks, bonds, and other funds.

Since the cash value of your policy may be tied to the financial market, this type of policy has the potential for returns higher than a universal life policy's, but it can also lose value if the investment results are poor.

This is a good policy for people who like the investment element, can fund the policy properly, and have some time (typically years) to allow it to potentially build cash value.

Snapshot (cont.)

► Survivorship, or Second-to-Die

This is one policy designed to cover two people. It pays the death benefit once both of the insured people have died and is often less expensive than two separate policies.

It is often used in estate conservation strategies, especially in conjunction with an Irrevocable Life Insurance Trust (ILIT), as a way to offset estate taxes; this can help preserve a wealthy couple's estate so it can be passed on to the next generation or to a charitable organization. Survivorship policies are often recommended if one person would otherwise not be able to qualify for life insurance.

Whole, universal, and variable universal life policies come in survivorship versions.

WHEN SHOULD I GET EACH?

This question can best be answered by your age, life-stage, and budget. Since the cost of insurance increases as you get older and/or develop health issues, it's usually wise to buy any life insurance while you're younger and in good health. Generally speaking, term is likely to be the first type of life insurance people buy when they're first starting out—when they get married, buy a house, are earning an income, and have children. Especially if you have budget concerns and a lot to protect, term can often be the more economical short-range choice. And it's a good way to get some insurance protection in place now!

As you move through life, earning more and having more responsibilities and more dependents—children, a partner, or parents who rely on your income—you might need permanent insurance. Different types of term policies become available every few years and now even include one that refunds your premiums if you live beyond a certain timeframe. This particular type of policy, a *return of premium term* policy, can be helpful for specific needs because your premiums may be returned just when you need to pay for a child's wedding or other event, or when you'd like extra money to start off your retirement. Keep in mind that this is still term insurance and it will end. Also remember that conditions and restrictions generally apply.

Then, to help ensure you have life insurance protection for your lifetime, and depending on your preferences and budget, you can choose from several types of permanent insurance.

HOW DOES AN ADJUSTABLE “GUARANTEE AGAINST LAPSE,” OR “NO-LAPSE GUARANTEE,” WORK?

A guarantee against lapse ensures that your death benefit is secure regardless of changes in the policy's interest-crediting rates or rate of return, charges, or cash value. You can control how long this guarantee is in effect, whether it's for a few years or a lifetime. When you purchase a policy with this feature, you'll be told the minimum premium amount you need to pay to keep this guarantee in effect. Generally, the greater your premium payments, the longer the guarantee will last. **All guarantees are based on the issuing company's ability to pay claims and do not apply to any underlying investment options.** The length of the guarantee period may also change depending on:

- the dollar amount of the premiums you pay.
- how timely your premium payments are received.
- when and how often you pay premiums.
- whether you take any policy loans or withdrawals.

Changing any of these factors could reduce the length of the guarantee or even end it. If this happens and the policy values are not high enough to support the policy, the policy could lapse. If the policy lapses within the first few years, you may have to pay surrender charges. If you've taken loans or withdrawals, taxes may also be due, depending on how much you borrowed or withdrew. If the policy lapses and is reinstated, it may be reinstated without the guarantee against lapse being in force.

If you pay only the amount needed to secure a guarantee that is less than a lifetime guarantee, you may need to pay additional premiums once the guarantee period ends to keep the policy in effect. Also, by paying only the premium required for the No-Lapse Guarantee, you may be forgoing the potential to build tax-deferred cash value.

MORE INFORMATION ABOUT CASH VALUE AND PREMIUMS

We've said permanent policies can build cash value. You can usually access this cash value by taking withdrawals or policy loans. Being able to tap into this money can be part of your strategy and among the reasons for buying a particular policy. Or, having this money available can help you out of an unexpected bind. Either way, taking the money out can be quite helpful; at the same time, it will have some effect on the rest of your policy and might even have tax consequences. If you have a guarantee on your policy, it could also affect that guarantee.

The cash value your policy builds will not be taxed until you take it out of the policy. Loans are generally not taxable when you take them. However, if you cancel the policy or let it lapse, any loan that you have not yet paid back could be taxable if the outstanding balance is more than what you have paid into the policy (also referred to as your *cost basis*). Withdrawals generally are first a return of cost basis, with subsequent amounts being taxable to you. If you do take some money out, you will thereby reduce the cash value and possibly also the death benefit that will be paid to your beneficiary. It might also become necessary for you to pay more into the policy than you originally expected to and could trigger taxes.

While taking a loan or withdrawal may be helpful, before you do so it is important to consider the potential tax consequences and impact on the other valuable policy benefits. It is a good idea to speak with your tax advisor.

Note that if your cash contribution exceeds certain limits and your contract becomes a Modified Endowment Contract (MEC), as determined by the IRS, different tax rules and, in some cases, penalties apply to distributions

such as loans and withdrawals (including distributions made in the two years before the policy becomes a MEC). A MEC can result from paying more than a certain amount in premium payments or from reducing coverage.

OTHER QUESTIONS YOU MAY HAVE

How Much Will Life Insurance Cost?

The right life insurance policy is one that provides the coverage you need at a price you can afford. With a variety of policies to choose from, you can find one or a combination of policies to help meet your protection needs and fit your budget. A financial professional will be glad to review your options. [If you'd like a quote, go to www.prudential.com and click on "Get a Life Insurance Quote."]

Depending on the policy and the company issuing your policy, you could have premium payment options. For policies that are not flexible-premium policies, selecting a payment option other than *annual* typically results in a higher yearly premium amount, thus adding to your costs. This is because the company has to cover the added administrative cost of collecting additional premium payments and does not have the use of the entire premium amount at the beginning of the policy year.

If your policy has **flexible premium payments**, there are no scheduled premium due dates. To manage this, you can ask to be billed annually, semi-annually, or quarterly for the amount you select. When you receive a premium notice, you are not required to pay this amount, but you'll want to be sure you can "afford" to skip payments—meaning, you'll want to be sure your policy has enough value within it to stay in force.

Do I Need Individual Life Insurance if I Have Group Life Insurance?

Probably. Participating in your group life insurance is a good idea because you may be able to receive life insurance at a lower, group rate. If your group coverage is convertible—meaning, when you leave the company you can convert it to an individual policy without evidence of insurability—the individual policy you convert to will generally have relatively high premium costs compared with other policies. If your group coverage ends, you could apply for a new policy, especially if you are healthy. Otherwise, you may not qualify or may have to pay higher premiums depending on your age and health status. Group life insurance may also not provide an adequate amount of death benefit to meet all of your needs.

Consider supplementing your group policy with individual life insurance coverage. An individual life insurance policy is one that you own—it is not tied to your employer and you won't have to worry about your premiums rising every year. With an individual life insurance policy, you won't need to wonder whether you still qualify every year, or if you will lose your life insurance if you change jobs or get laid off. It's insurance coverage that stays with you. To get an accurate estimate for your situation, it's best to meet with a financial professional and complete a personal needs analysis.

If I Already Own Life Insurance, Should I Purchase Life Insurance on My Spouse?

If your spouse contributes to the family's annual income, then he or she should have adequate life insurance protection to help replace his or her income in the event of his or her death. If your spouse does not earn an income, life insurance can still play an important role in helping to pay for valuable services he or she provides—for example, providing child care, elder care, maintaining the home, and running the household. To find out more, meet with a financial professional, who can complete a personal needs analysis with you.

Should I Purchase Life Insurance on My Child?

There are two reasons you may want to consider purchasing life insurance for your child:

- ▶ You can generally purchase life insurance at the lowest possible premium. If your child were to purchase the same amount of coverage when he or she becomes an adult, the annual cost would generally be much higher.
- ▶ You can help ensure that he or she has life insurance protection for life. If the child develops health problems as an adult, he or she could become uninsurable and may not be able to obtain life insurance coverage. In some families, a grandparent purchases a life insurance policy for the child. Note that some states limit the amount of life insurance that can be purchased on minors.

What Do I Need to Know About Stranger-Owned Life Insurance (STOLI)?

People purchase life insurance to provide financial protection for loved ones and business associates. This is an example of “insurable interest” because the beneficiaries will experience some financial hardship when the insured person dies. Life insurance helps to ease that burden.

Most states prohibit a person from purchasing a life insurance policy when there is no “insurable interest” in the person insured by the policy. Such a purchase would be a wager, where one is betting on the early death of another to make a profit. This notion is contrary to American public policy in that one person should not benefit from the early death of another person.

STOLI is the purchase of a life insurance policy for the financial gain of a third-party investor who, at the time the policy originates, has no insurable interest in the person being insured.

In other words, a stranger would own an interest in the insured person's life. STOLI includes cases in which there is an agreement, verbal or written, to transfer the ownership of the policy and/or the policy benefits to a third party at some time in the future. Trusts created to give the appearance of insurable interest also violate the prohibition against wagering on life.

Prudential will not issue a policy if it determines that STOLI may be involved.

Entering into a STOLI arrangement could have the following impacts:

- ▶ The ability to purchase additional insurance on the insured's life could be limited because there is a limit to how much coverage insurance companies will issue on one person's life.
- ▶ If there is a need to obtain additional insurance coverage on the insured person, his or her higher issue age, a change in health status, or other factors may reduce the ability to get coverage and may result in significantly higher premiums.
- ▶ Because these situations may result in tax consequences to the policyowner, a professional tax advisor should be consulted.

When Should I Review My Current Coverage?

Your situation now may be significantly different from what it was when you bought your life insurance policy. If something were to happen to you today, would your family have enough coverage? Generally, we recommend you meet with your financial professional once a year; however, you should review your coverage as soon as possible, if you have done any of the following since you bought your policy:

- ▶ Purchased a home
- ▶ Had a child
- ▶ Married, divorced, or become widowed
- ▶ Changed jobs
- ▶ Started your own business
- ▶ Began caring for an elderly relative
- ▶ Taken out a large loan
- ▶ Started a retirement or college fund

What Is Underwriting?

Underwriting, a term used frequently in the insurance industry, is an evaluation of your current health, medical history, family medical history, and lifestyle. To purchase life insurance, you may have to take a medical exam to assess your health.

Companies use underwriting to establish your eligibility for life insurance as well as make sure that you get the best possible premium price based on your health and lifestyle. All the information gathered during the application process is considered confidential and is shared only with those who need it to determine your eligibility for life insurance.

During underwriting, you'll be asked questions about such things as:

- ▶ your finances, including how you will pay for the policy and if you're replacing another policy.
- ▶ your driving record.
- ▶ the hobbies or sports you engage in.
- ▶ your family's medical history.
- ▶ your medical history, including the names and contact information for doctors you have been to.

WHAT SHOULD I KNOW BEFORE REPLACING ONE LIFE INSURANCE POLICY WITH ANOTHER?

It is generally not in your best interest to replace a life insurance policy. Check with the agent or company that issued you the one you have now. When you bought your existing policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or the issuing company for an updated illustration. Check to see how the policy has performed and what you might expect in the future. Then, if you are still considering replacing an existing life insurance policy with a new one, it is important that you understand what you will gain and what you will lose by doing so. Price should not be the only factor in your decision. You should understand that:

- ▶ **It may be costly to replace a policy.** Much of what you paid in the early years of the policy was used to cover the company's cost of selling and issuing the policy. If you buy a new policy, you will pay this type of cost again.
- ▶ **Dropping your policy could have tax consequences.** Ask your tax advisor if this is true of your situation.

- ▶ **You might lose policy benefits.** You may have valuable rights and benefits in the policy you now have that are not in the new one. If the policy you have now no longer meets your needs, you may not have to replace it; instead, you might be able to change your policy or add to it to get the coverage or benefits you now want.

- ▶ **You might create a coverage gap.** At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

Points to compare. If you'd still like to pursue replacing a policy, then you'll need to compare your existing policy with the proposed new one. Before replacing any policy, be sure to compare these points:

- ▶ **Your insurability.** It's possible that you have had a change in health since the purchase of your current policy. This can change the underwriting category you fit into or even make you ineligible for coverage. *You should not cancel your existing policy until the new policy has been issued and is considered "in force."*

- ▶ **Face amounts.** If the new policy's death benefit will be lower, you should carefully consider whether it is adequate to meet your life insurance needs. It may be cheaper to reduce the face amount on your current policy if you need less coverage.

- ▶ **Premiums.** Carefully consider the many aspects of premium payments, including amount, frequency, duration, and guarantees, and note how they differ between policies:

- **Amounts.** Since you are older than you were when you applied for your existing policy, and it's possible that your health has changed, the premiums will likely be higher. Know what your new premium payments will be and whether you can afford any increase. If the premiums for your existing policy are being paid for under a waiver of premium benefit provision, it is probably to your advantage to keep your existing policy.

- **Frequency and duration.** How often and for how long will you have to pay premiums? Carefully compare the premiums you pay under your existing policy and what is permitted under the new policy, and consider whether you will have the flexibility you need to maintain appropriate premium payments.

- **Guarantees.** Some premiums are guaranteed for the life of the policy; some are guaranteed for only a limited period of time and, once the guarantee ends, the premiums may increase.

- ▶ **Protection guarantees.** Does your existing policy guarantee the length of time the policy will remain in force even if investment options or other influencing factors do not perform as anticipated? Does the proposed policy offer this same type of guarantee? If so, find out whether it applies for the same length of time as that on your existing policy and how much the premium is for this guarantee. Confirm that the premium you're quoted includes the guarantee you want, if you want one.
- ▶ **Supplemental benefits and other features.** Do the policies allow for the addition of supplemental benefits (such as a living benefit or waiver of premium)? These benefits may not be available on the new policy, and this valuable coverage may be lost if you replace your policy. You should carefully consider the availability and cost of these benefits on the new policy. You should also determine if there are any other features of your existing policy that are not available in the proposed new policy.
- ▶ **Charges.** What new or additional costs will you incur, and how do the contract charges and other policy expenses compare? Be sure you know how such charges will be paid on the new policy—for example, whether they will be taken out of your premium payments or deducted from your policy values—and how this compares with your existing policy.
- ▶ **Exclusion periods.** A new policy will be subject to a new two-year contestability period and suicide clause. This means the company could challenge a death claim within two years of a new life insurance policy being issued.
- ▶ **The company and representative.** Before making your decision, consider the company and the representative who will be providing service. What is the company's reputation? Make sure you're comfortable with how the representative answers your questions and responds to your concerns.
- ▶ **Other points.** You should consult with your tax and legal advisors to understand what, if any, consequences there may be now or in the future for replacing your existing policy and purchasing the proposed new one.

Additional considerations. Based on the specific type of policy you have and the policy you are considering, there are additional points to consider. Used in conjunction with the list above, these additional considerations can help you to more fully explore what is best for your situation.

If you're converting a term policy to a permanent one.

Because term and permanent policies are so different, it is important that you carefully consider whether you understand the permanent policy and how it works—how it builds cash value, what the premium payments will be, and how closely you need to monitor it, for example. Also consider:

- ▶ **Conversion options and credits.** If you have a term policy, does it allow for converting it to a permanent life insurance policy without a medical exam? Some policies offer a conversion premium credit if you exercise the option to convert. It reduces your first year's premium on the permanent policy, thereby helping you to make the transition from term to permanent insurance. The conversion privilege is often limited to a period of time that is shorter than the term of the policy and may limit the amount of coverage that can be converted. If you are eligible for a conversion credit, be sure to ask what the premium for the new policy will be in the second policy year and beyond.
- ▶ **Exclusion periods.** The two-year contestability and suicide periods generally begin anew when a new life insurance policy is purchased. However, when you convert a term policy to a permanent policy, the guaranteed amount of coverage that is converted will not be contestable to any greater extent than it would have been contestable had the conversion not taken place. Any excess amount of coverage provided in the new policy, beyond the guaranteed amount converted, will be subject to a new two-year contestability and suicide period.

If you're considering using the values of one policy to purchase another.

"Financing" is the name for the transaction of obtaining funds from an existing policy through a withdrawal, partial surrender, or loan and using them to purchase a new policy. Know that taking a loan or withdrawal may reduce the death benefit on your existing policy and may have tax consequences, and that loans should be repaid. Using existing policy values to pay premiums over the long term is often dependent on factors that you should not rely on: non-guaranteed investment returns (variable life); interest-crediting rates (universal life); or non-guaranteed dividends (traditional whole life). You may have to make additional out-of-pocket payments.

WHO CAN SELL YOUR LIFE INSURANCE POLICIES?

The financial professionals who sell our life insurance products are either Prudential employees or independent contractors or associated with unaffiliated firms with whom Prudential has a selling relationship.

How Do They Get Paid if I Buy a Policy?

If you purchase a life insurance policy, the financial professional and/or firm will be compensated by Prudential. This compensation will include commissions and, to the extent permitted by law, regulations, Financial Industry Regulatory Authority (FINRA) rules, and, as applicable, the financial professional's firm; it may also include expense reimbursement allowance, bonuses, marketing support payments, employee benefits, participation in Prudential-sponsored conferences and awards, training programs, and marketing opportunities or incentives. These arrangements may not be offered to all firms and the terms of the arrangements may differ. Firms and agents may receive greater compensation for selling a policy that is eligible for these compensation arrangements than for selling a different policy that is not. The amount of commission is based on premiums, and other types of compensation may also be based on the sales volume of the financial professional or the firm.

If I Purchase a Variable Life Insurance Policy, How Can I Research the Financial Professional?

If the financial professional is a Prudential employee, he or she is a registered representative of Pruco Securities, LLC, which is a broker-dealer and a member of FINRA. If the financial professional is an independent contractor not employed with Prudential, he or she may be a registered representative of another broker-dealer not affiliated with Prudential or Pruco that is also a FINRA member. You may obtain information about the professional background of FINRA members and their representatives by calling the FINRA BrokerCheck Hotline number, (800) 289-9999, or by visiting the FINRA website at www.finra.org. An investor brochure that contains information describing the FINRA BrokerCheck is also available to you by calling FINRA's hotline or visiting its website.

FINDING WHAT'S RIGHT FOR YOU

Everyone has his or her own goals for personal financial security. You can personalize your policy to meet your needs by adding riders that provide you with additional insurance coverage. You may choose to help meet your goals by purchasing a permanent life insurance policy and supplementing it with term insurance for additional coverage during a particular period of time.

A financial professional can work with you to help you decide which of our products best meets your needs.

ABOUT PRUDENTIAL FINANCIAL

Since 1875, Prudential Financial has been helping people of all ages realize their goals for financial security. Prudential Financial serves millions of individual and institutional customers worldwide, offering them life insurance and other financial products and services for a variety of needs. Our financial professionals are interested in you and your needs. They want to assist you in developing strategies that effectively address your financial security concerns.

This material is being provided for informational or educational purposes only and does not take into account the investment objectives or financial situation of any client or prospective clients. The information is not intended as investment advice and is not a recommendation about managing or investing your retirement savings. If you would like information about your particular investment needs, please contact a financial professional.

All guarantees and benefits of the insurance policy are backed by the claims-paying ability of the issuing insurance company. Policy guarantees and benefits are not backed by the broker/dealer and/or insurance agency selling the policy, nor by any of their affiliates, and none of them makes any representations or guarantees regarding the claims-paying ability of the issuing insurance company.

Life insurance policies contain exclusions, limitations, reductions of benefits, and terms for keeping them in force. A financial professional can provide you with costs and complete details.

Neither Prudential Financial nor its financial professionals render tax or legal advice. Please consult your attorney, accountant, or tax advisor regarding your particular situation. Life insurance is issued by The Prudential Insurance Company of America and its affiliates. Variable life is distributed by Pruco Securities, LLC, member SIPC, 751 Broad Street, Newark, NJ 07102 (800) 201-6690. All are Prudential Financial companies. Each is solely responsible for its own financial condition and contractual obligations.

It is possible to lose money by investing in securities.

Investors should consider the contract and the underlying portfolios' investment objectives, risks, charges, and expenses carefully before investing. This and other important information is contained in the prospectuses, which can be obtained from your financial professional. You should read the prospectuses carefully before investing.

Investment and Insurance Products:

Not Insured by FDIC, NCUSIF, or Any Federal Government Agency.
May Lose Value. Not a Deposit of or Guaranteed by Any Bank,
Credit Union, Bank Affiliate, or Credit Union Affiliate.

Prudential, the Prudential logo, and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities.



POLICY NUMBER (IF KNOWN): _____

ON THE LIFE OF PROPOSED INSURED: _____

This form contains confidential information about the person you have examined. Do not give this form or any copy of it to anyone outside Prudential.

INSTRUCTIONS TO THE EXAMINER

Important

After this form has been completed, mail it directly to the Home Office at once. Do so regardless of the findings on the person examined and even if you are unable to fully complete the form.

NOTE: Verify identification by photo ID.

Mail the urine specimen to the laboratory if any of the following conditions are present:

- 1. Medical Examination Appointment Slip indicates a urine specimen requirement in either the Examination Information or the Additional Remarks section.
- 2. Albumin or sugar is indicated on the dipstick analysis of the urine specimen.
- 3. Systolic blood pressure of more than 140 mm. Hg., or diastolic of more than 90.
- 4. History of :
 - a. Hypertension.
 - b. Abnormal urinary findings or disease of genito-urinary system.

Always record three blood pressure readings.

In addition to signing the Examiner's Report (Page 4), the signature of the examiner is also required for the collection of the medical declarations (Pages 2 & 3) as the witness at the bottom of Page 3 .

VOUCHER

It is important that this voucher be fully and properly completed.

- 1. Name of person examined: _____
- 2. Date of birth: ____ / ____ / ____ 3. Social Security number: _____
- 4. Name of examiner: _____
- 5. Tax number: _____
- 6. Address of examiner: Street _____ Apt _____
City _____ State _____ ZIP _____
- 7. Date of examination: ____ / ____ / ____
- 8. Amount of insurance: \$ _____
- 9. Name of writing representative: _____ 10. Field office _____

TO BE COMPLETED BY EXAMINING PHYSICIAN

Fee – Please indicate your fee for the service(s) provided.

Exam \$ _____ ECG \$ _____ Lab \$ _____ X-Ray \$ _____
 Total \$ _____

FOR PRUDENTIAL USE ONLY

Fee – Please indicate your fee for the service(s) provided.

A400 A470 A852 A892 _____





Pruco Life Insurance Company
 The Prudential Insurance Company of America
Both are Prudential Financial companies.

Policy is issued by the company named at the beginning of this application.

POLICY NUMBER (IF KNOWN): _____

NAME OF PERSON TO BE EXAMINED: _____

PERSONAL PHYSICIAN INFORMATION

Name _____

Address: Street _____ Suite _____

City _____ State _____ ZIP _____

Telephone number: (____) _____ Date last seen: _____

Reason last seen: _____

If more than one personal physician, provide details in Medical Information section number 6.

FAMILY HISTORY

1. Have any immediate family members (mother, father, brother, sister) been diagnosed with or died from coronary artery disease, cerebrovascular disease, diabetes or cancer before age 70? Yes No

If Yes, provide details including which member and medical condition, age at diagnosis, and age at death (if applicable):

2. **Father:** Current age _____ or Age at death: _____ **Mother:** Current age _____ or Age at death: _____

MEDICAL INFORMATION

1. Has a member of the medical profession ever treated you for or diagnosed you with:
- a. high blood pressure, chest pain, a heart attack, coronary artery disease, a heart valve disorder, a heart murmur, an irregular heart beat, cerebrovascular disease, a stroke, circulatory disease, an aneurysm or any disease of the heart or blood vessels? Yes No
 - b. anemia or other abnormality of the blood (other than HIV)? Yes No
 - c. a polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma or Hodgkin's disease? Yes No
 - d. diabetes, high blood sugar, glucose intolerance or other endocrine disorder? Yes No
 - e. anxiety, depression, or any other mental or psychiatric illness? Yes No
 - f. an infection caused by the Human Immunodeficiency Virus (HIV) (**Not applicable in CA. In WI:** AIDS virus, HIV antibody testing is limited to FDA-licensed enzyme immunoassay and confirmatory HIV antibody tests. Any test performed at an anonymous counseling and testing site or home testing is confidential and need not be revealed on this application.), Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other sexually transmitted disease? Yes No
 - g. asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis or any other disorder of the lungs or respiratory system? Yes No
 - h. a seizure, epilepsy, multiple sclerosis, Parkinson's disease, muscular dystrophy, cerebral palsy, paralysis, Alzheimer's disease or any other disorder of the brain or nervous system? Yes No
 - i. an ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease or any other disorder of the esophagus, liver, stomach or intestines? Yes No
 - j. nephritis, polycystic kidney disease or any other disorder of the bladder, kidney, urinary tract or prostate? Yes No
 - k. arthritis, gout, back trouble, or any disease or disorder of the joints, muscles or bones? Yes No
 - l. lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system? Yes No
2. Have you ever used:
- a. cocaine, crack, marijuana, heroin, Ecstasy, PCP, LSD, methamphetamine, any other hallucinogenic drug or controlled substance? Yes No
 - b. amphetamines, barbiturates, sedatives, opiates or methadone, or controlled substance except as prescribed by a physician? Yes No
3. Have you had or been advised to have treatment or counseling for alcohol or drug use or been asked to reduce or eliminate their usage? Yes No

(CONTINUED)

PROPOSED INSURED: _____

EXAMINER'S CONFIDENTIAL REPORT

A. Examination was done at:

- Home Business My office

B. Time of day examined: _____ AM _____ PM.

C. Height: _____ ft. _____ in. Did you measure? Yes No

D. Weight (in clothes): _____ lbs. Did you weigh? Yes No

E. Has there been any change of weight (gain or loss) of more than 10 pounds within the last year? Yes No

F. Blood pressure:

	<u>Systolic</u>	<u>Diastolic</u>	<u>Arm</u>	<u>Time Taken</u> <i>(Include AM/PM)</i>
1st reading:	_____	_____	<input type="checkbox"/> Left <input type="checkbox"/> Right	_____
2nd reading:	_____	_____	<input type="checkbox"/> Left <input type="checkbox"/> Right	_____
3rd reading:	_____	_____	<input type="checkbox"/> Left <input type="checkbox"/> Right	_____

Always record three blood pressure readings taken at intervals. Mail us a urine specimen if systolic is over 140 or diastolic is over 90.

G. Pulse: At rest (seated)

Pulse rate per minute	Premature contractions No. per minute

- If lowest rate exceeds 100, repeat observations later in examination.
- Any irregularities other than premature contractions? **(If yes, describe below.)** Yes No

H. Are there any abnormalities of: (Record all details below)

- Eyes (*retinopathy, retinal changes*)? Yes No
- Blood vessels (pedal pulses, bruits)? Yes No
- Respiratory organs (including nose, throat and mouth)? Yes No
- Abdominal organs (including tenderness, scars, organomegaly, bruits)? Yes No
- Nervous system? Yes No

Note: Examine heart in upright, recumbent and left lateral recumbent positions.

I. Heart – any murmur present? Yes No
(If yes, give details below.)

- 1. Murmur details**
- | | | |
|--|---|--|
| <input type="checkbox"/> Apical | <input type="checkbox"/> Basal | <input type="checkbox"/> Other |
| <input type="checkbox"/> Systolic | <input type="checkbox"/> Diastolic | |
| <input type="checkbox"/> Barely heard-Gr.1 | <input type="checkbox"/> Faint-Gr.2 | <input type="checkbox"/> Mod-Gr.3 |
| <input type="checkbox"/> Loud-Gr.4 | <input type="checkbox"/> Very loud-Gr.5 | <input type="checkbox"/> Loudest possible-Gr.6 |
| <input type="checkbox"/> Transmitted | <input type="checkbox"/> Localized | |


2. Effect of body position: _____


3a. Is heart enlarged? Yes No
b. Any other abnormal cardiac findings? Yes No
(If either is yes, describe below.)


4. What is your diagnosis or opinion?

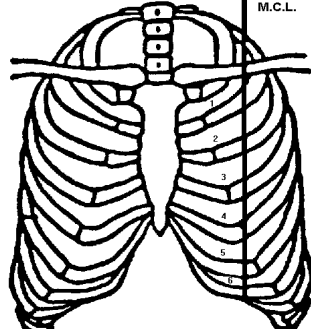
5. Mark position of apex; location of murmur(s) and transmission on diagram.

Position of apex beat **X**

Area of distribution of murmur 

Point of maximum intensity of murmur 

Direction of transmission of murmur 



J. Analysis of urine:

Are you mailing us a urine specimen? Yes No
Mail a specimen, if required by instructions on cover.)

Albumin Yes No
Sugar Yes No
(If either is yes, mail us a portion of the urine examined.)

K. Female only: Current menses? Yes No

L. Is the person examined your patient? Yes No
(If yes, and if any information was not disclosed, submit office records.)

M. Have you any information about this person not recorded elsewhere on this form relating to physical or mental impairment? Yes No

Give details of all yes answers to Questions E, G(2), H, I 3a-b, and M.

I secured the required picture identification of the person examined. Yes No
I certify that on the date below, I examined the person named above. Yes No

SIGNATURE

→ Signature of examiner **X** _____ Date of examination _____

Street, city, state, ZIP _____

