



Please send the completed form and all attachments to:

The Prudential Insurance Company of America
Group Life Claim Division
P.O. Box 8517
Philadelphia, PA 19176

Group Life Insurance Claim Form (Use for employee/member and dependent death claims)

How to complete and submit a Group Life Insurance Claim Form

1. Complete Sections 1, 2, 3, 4, and 5 of the Group Contract Holder Statement portion of the Group Life Insurance Claim Form. Section 1 must be completed if the claim is for an employee/member, or for a dependent of an employee. Please be sure to complete the "Relationship to Employee" block.

For Dependent Term Life coverage on children, the employee is always the beneficiary. For Dependent Term Life coverage on a spouse, the employee is usually the beneficiary, except for certain Group Universal Life and Group Variable Universal Life coverage, in which the employee may be able to specify other beneficiaries.

2. Detach the Beneficiary Statement* and give a copy to each beneficiary. Ask each beneficiary to complete it and return it to you.

If there are multiple beneficiaries, each beneficiary should complete a beneficiary statement. It is only necessary for you to submit one Group Contract Holder Statement, regardless of the number of Beneficiary Statements completed. If you have difficulty obtaining forms from all beneficiaries, please submit the information you have.

*If the beneficiary is an estate, a minor, or not competent to handle financial affairs, the Beneficiary Statement should be completed by the appropriate legal representative (executor, administrator, or guardian). If no legal representative has been or will be court-appointed, this section should be completed by the person who assumed responsibility for the estate or beneficiary.

3. Return both the Group Insurance Contract Holder Statement and the Beneficiary Statement(s) with the required documents noted below to:

The Prudential Insurance Company of America
Group Life Claim Division
P.O. Box 8517
Philadelphia, PA 19176

If you have any questions, please call Group Life Claim Customer Service at 800-524-0542 and a customer service representative will assist you.

Documents to submit to Prudential

Submit the Group Contract Holder Statement, Beneficiary Statement(s), and the following attachments:

- 1. A certified copy of the death certificate.
2. A copy of the employee's enrollment card, if available.
3. A copy of the most recent beneficiary designation, and any beneficiary changes, if applicable.
4. The certificate of insurance, if available.
5. Legal documentation of the beneficiary for the following situations:

If the beneficiary is
(a) an estate, minor, or not competent to handle financial affairs: attach a certified copy of the court order appointing the legal representative.

- (b) a trust: attach a letter verifying that the trust is still in effect. If the trust is a testamentary, attach a certified copy of the will and a certified copy of the testamentary.
(c) no longer living: attach a copy of the death certificate.

- 6. If the insurance was assigned, attach a copy of the assignment and all related papers. If it is a collateral assignment, attach the assignee's statement of indebtedness.
7. If an accidental death claim is being filed, attach supporting information, such as a police report or newspaper clippings.
8. If a Business Travel Accident (BTA) claim is being filed, attach information requested in (7) together with documentation further substantiating the loss, such as a trip itinerary, travel tickets, etc.





Please send the completed form and all attachments to:

The Prudential Insurance Company of America
Group Life Claim Division
P.O. Box 8517
Philadelphia, PA 19176

Group Insurance Contract Holder Statement (Use for employee/member and dependent death claims)

To be completed by Employer/Plan Administrator. Please complete all five sections.

1 Deceased's Information

Form for Deceased's Information including fields for First Name, MI, Last Name, Social Security Number, Date of Birth, Date of Death, Gender, Relationship to Employee, and Date of Accident.

2 Employee/Member Information

Form for Employee/Member Information including fields for First Name, MI, Last Name, Social Security Number, Date of Birth, Date of Employment, Occupation, and Where Employed.

3 Employer/Association Information

Form for Employer/Association Information including fields for Employer's Name, Street, Suite, City, State, ZIP Code, and Telephone Number.





Grid for Social Security Number

4 Insurance Coverages

Complete only the coverage(s) that apply to this claim.

Table with columns: Group Coverage, Control Number, Amount, Effective Date of Coverage (MM DD YYYY), Branch. Rows include various insurance types like Basic Term Life, Group Universal Life, etc.

Salary Amount on Last Day Worked. Includes fields for dollar amount and frequency (Hour, Week, Month, Year).

Was insurance ever assigned? Yes No

If yes, please attach a copy of assignment and all related papers. For collateral assignment, please attach assignee's statement of indebtedness.

Has insurance percentage increased in last two years? Yes No. If yes, provide date (MM DD YYYY):

Was evidence of insurability required to secure current coverage? Yes No. Is there contributory insurance? Yes No. Date Last Premium Paid (MM DD YYYY)

Was insurance in force on date of death? Yes No. If no, provide date (MM DD YYYY): Insurance Terminated. Conversion Privilege Offered (if available)

Did the employee or the covered dependent suffer a loss as defined by the BTA contract? Yes No. If yes, an officer of the company must provide a written statement validating the circumstances of the accidental death.





--	--	--	--	--	--	--	--	--	--

5 Payment Information

Mail payment to: Employer at address listed on page 2 Beneficiary(ies) at address(es) listed below Other (please specify in cover letter)

Please provide the following information about the beneficiary(ies). If the claim is for a dependent child, list the employee as beneficiary.

Name of Beneficiary

Date of Birth (MM DD YYYY)

--	--	--	--	--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--	--	--

Relationship to Deceased

Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--

Residence: Street

Apt.

City

State

ZIP Code

Name of Beneficiary

Date of Birth (MM DD YYYY)

--	--	--	--	--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--	--	--

Relationship to Deceased

Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--

Residence: Street

Apt.

City

State

ZIP Code

Name of Beneficiary

Date of Birth (MM DD YYYY)

--	--	--	--	--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--	--	--

Relationship to Deceased

Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--

Residence: Street

Apt.

City

State

ZIP Code

Completed by (name of representative of the employer or benefit administrator)

Please print or type name

Date (MM DD YYYY)

--	--	--	--	--	--	--	--

Signature X 



--	--	--	--	--	--	--	--	--	--

5 Payment Information Continued

Mail payment to: Employer at address listed on page 2 Beneficiary(ies) at address(es) listed below Other (please specify in cover letter)

Please provide the following information about the beneficiary(ies). If the claim is for a dependent child, list the employee as beneficiary.

Name of Beneficiary _____ Date of Birth (MM DD YYYY)

--	--	--	--	--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--	--	--

 Relationship to Deceased _____ Telephone Number

--	--	--	--	--	--	--	--

Residence: Street _____ Apt.

--	--	--	--

City _____ State

--	--

 ZIP Code

--	--	--	--	--	--

Name of Beneficiary _____ Date of Birth (MM DD YYYY)

--	--	--	--	--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--	--	--

 Relationship to Deceased _____ Telephone Number

--	--	--	--	--	--	--	--	--	--

Residence: Street _____ Apt.

--	--	--	--

City _____ State

--	--

 ZIP Code

--	--	--	--	--	--

Name of Beneficiary _____ Date of Birth (MM DD YYYY)

--	--	--	--	--	--	--	--

Social Security Number

--	--	--	--	--	--	--	--	--	--

 Relationship to Deceased _____ Telephone Number

--	--	--	--	--	--	--	--	--	--

Residence: Street _____ Apt.

--	--	--	--

City _____ State

--	--

 ZIP Code

--	--	--	--	--	--

Completed by (name of representative of the employer or benefit administrator)

Please print or type name _____

Signature X _____ Date (MM DD YYYY)

--	--	--	--	--	--	--	--





Group Life Insurance Beneficiary Statement

A 'Group Life Insurance Beneficiary Statement' must be completed by each beneficiary. Please follow these instructions for reviewing and completing this statement.

- Review and complete Sections 1, 2, and 3.
- If filing for an Accidental Death or Business Travel Accident (BTA) claim, please review and complete Section 4.
- Review Sections 5 and 6, including the fraud warnings found at the back of this statement.
- Once you have reviewed Sections 5 and 6, sign the bottom of Section 5.

Once all sections of this form have been completed, please return this form and all necessary documents according to the instructions that were provided to you with this form.



Beneficiary Statement

Each beneficiary should complete Sections 1, 2, 3 and 5. If Accidental Death or Business Travel Accident benefits are being claimed, Section 4 should also be completed.

1 Deceased's Information

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Beneficiary's Information

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	Apt.	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Date of Birth (MM DD YYYY)	
<input type="text"/>	<input type="text"/>	

3 Taxpayer Identification Number and Certification

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

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

TAXPAYER IDENTIFICATION NUMBER/FORM W-9 CERTIFICATION:

Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (Social Security Number). I further certify that the citizen/residency status I have listed on this form is my correct citizen/residency status. I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (b) the IRS has told me that I am no longer subject to a backup withholding order, or (c) I am exempt from backup withholding.

Social Security Number or Taxpayer Identification Number of beneficiary

Check here only if you are subject to backup withholding:

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

I am not a U.S. person (including resident alien). I am a citizen of
(Attach completed IRS Form W-8BEN, if applicable)

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

Date (MM DD YYYY)

X

Signature





SSN input boxes

Beneficiary Statement. If filing for an Accidental Death or Business Travel Accident claim, please complete Section 4 below.

4 Authorization for Release of Information to Prudential Insurance Company

This Authorization is intended to comply with the HIPAA Privacy Rule

Name of Insured:

First Name

First Name input boxes

MI

MI input box

Last Name

Last Name input boxes

Date of Birth (MM DD YYYY)

Date of Birth input boxes

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided treatment, payment or services pertaining to:

First Name

First Name input boxes

MI

MI input box

Last Name

Last Name input boxes

Print Name of Deceased or Patient

or on my (his/her) behalf ("My Providers") to disclose my (his/her) entire medical record for me or my dependents and any other health information concerning me (him/her) to the Prudential Insurance Company of America (Prudential) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

I authorize all non-health organizations, any insurance company, employer, or other person or institutions to provide any information, data or records relating to credit, financial, earnings, travel, activities or employment history to Prudential.

Unless limits* are shown below, this form pertains to all of the records listed above.

By my signature below, I acknowledge that any agreements I (he/she) have made to restrict my (his/her) protected health information do not apply to this authorization and I instruct My Providers to release and disclose my (his/her) entire medical record without restriction.

This information is to be disclosed under this Authorization so that Prudential may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits, 2) obtain reinsurance; 3) administer coverage; and 4) conduct other legally permissible activities that relate to any coverage I (he/she) have (has) or have (has) applied for with Prudential.

This authorization shall remain in force for 24 months following the date of my signature below, while the coverage is in force, except to the extent that state law imposes a shorter duration. A copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to Prudential at: P.O. Box 8517, Philadelphia, PA 19176. I understand that a revocation is not effective to the extent that any of my Providers has relied on this Authorization or to the extent that Prudential has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this authorization to release his/her complete medical record, Prudential may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to request and receive a copy of this authorization.

*Limits, if any:

Limits input box

Date (MM DD YYYY)

Date input boxes

X

Signature of Insured/Patient or Personal Representative

Description of Personal Representative's Authority or Relationship to Patient

NOTICE TO MONTANA RESIDENTS: You or your authorized representative are entitled to receive a copy of this Authorization, and upon request, a record of any subsequent disclosures of personal or privileged information.





Grid for Social Security Number

5

Life Insurance Payment Options

Prudential has a range of settlement and payment options for you to choose from. Information on all settlement and payment options is provided in Section 6 of this form. Eligible life claim benefits will be paid by way of the Alliance Account unless you select an alternative payment or settlement option below.

About the Alliance Account

Prudential's Alliance Account® is available to you for group life insurance payments of \$5,000 or more. When the claim is paid, the full amount of proceeds payable to you is paid in a single distribution by establishing an interest-bearing Alliance Account in your name.

Advantages of the Alliance Account

- Convenience and Flexibility: When your claim is paid by way of the Alliance Account, you can take as much time as you need to consider all of your options. Important financial decisions, even under the best of circumstances, should not be made quickly. You can leave the funds in the account for as long as you wish, access any or all of your funds, and transfer funds to another available settlement option at any time and at no cost. The Alliance Account is the only payment option that gives you immediate access to the funds while keeping ALL of these options available for you to consider when you are ready.
Easy and Immediate Access: Personalized checks, which you use as you would use your bank checks, are provided with your account. Additional checks can be ordered at any time at no charge. (Certain businesses may have their own policies and procedures for accepting checks)
Multiple Payments—One Account: If you are the beneficiary on more than one life insurance policy or annuity contract, proceeds will be paid into one Alliance Account. If you already have an Alliance Account, proceeds from this claim will be placed into that account and the transaction confirmation will appear on your next statement.
Interest on Your Funds³: The funds in an Alliance Account begin earning interest immediately and will continue to earn interest until all funds are withdrawn. Interest is accrued daily, compounded daily and credited every month. The interest rate may change and will vary over time, subject to a minimum rate that will not change more than once every 90 days. You will be advised in advance of any change to the minimum interest rate via your quarterly Alliance Account statement or by calling Customer Support.
Your Funds are Secure: The Alliance Account is a settlement option under the original life insurance policy and is backed by the financial strength of The Prudential Insurance Company of America—one of the largest insurance companies in the U.S. All funds are held within Prudential's general account. It is not FDIC insured because it is not a bank account or a bank product. Funds held in the Alliance Account are guaranteed by State Guaranty Associations. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about coverage or limitations on your account. State Guaranty Fund coverages are not determined by Prudential. For further information, you may also contact your State Department of Insurance.
No Usage Fees: The Alliance Account has no monthly charges, per check charges or check reorder fees. Some special services, however, such as requests to stop a check, will incur a charge.
Dedicated Customer Support: You can speak directly with a customer service representative between 8 a.m. and 8 p.m. Eastern time, Monday through Friday. You can also call our automated voice-response system 24 hours a day to check your account balance, request additional checks and more.

Check the appropriate box below:

I choose: [] Alliance Account settlement option [] Single Lump Sum Check [] Other (please specify) _____

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

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

I have read and understand the terms and requirements of the fraud warnings included as part of this form.

Date (MM DD YYYY)

Grid for Date

SIGN HERE

Signature _____

¹Alliance is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check. You should consult with a tax, investment or other financial advisor for tax information or other available investment options; we cannot provide tax advice. ²There are fees for special services such as stop payment requests. ³The interest rate credited to your Alliance Account is adjusted by Prudential at its discretion based on variable economic factors (including, but not limited to, prevailing market rates for short term demand deposit accounts, bank money market rates and Federal Reserve Interest rates) and may be more or less than the rate Prudential earns on the funds in the account.

Prudential's Alliance Account is a registered trademark of The Prudential Insurance Company of America.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.





6 Life Claims Settlement Options

When group life insurance benefits are settled through Prudential’s Alliance Account® settlement option and The Prudential Insurance Company of America (Prudential) approves the claim, we will automatically establish an interest-bearing Alliance Account in the beneficiary’s name.

The current interest rate is 0.50%, subject to a current minimum of 0.25%. The current interest rate may change and will vary over time and may be more, but not less than any applicable minimum rate. The minimum rate will not change more than once every 90 days.

Upon receipt of a draft book (“checkbook”), beneficiaries can withdraw all or part of the proceeds immediately, write checks as needed, or leave the funds in the account to earn interest. You will be mailed statements at least quarterly and as frequently as monthly depending on activity in the Account. State law requires that if there is no account activity and we have had no contact with you regarding your Alliance Account after a number of years (which time period varies by state), your Alliance Account may be considered dormant. If your Alliance Account becomes dormant, you will be mailed a check for the remaining balance plus interest, at your last address shown on our records. If you do not timely cash that check, your funds will be transferred to the state as unclaimed property. If your funds are transferred to the state, you may claim those funds from the state but you may be charged a fee by the state. Once your funds are transferred to the state, we no longer have any liability or responsibility with respect to your Alliance Account.

There are fees for special services as follows:

Item	Fee*
Stop Payment Fee	\$12 each; \$25 maximum for 3 or more per day
Statement Copy Fee	\$2 per statement
Check Copy Fee	\$2 per check
Insufficient Funds Check Fee	\$10 per check
Overnight Delivery	Variable fee schedule

*Fees are subject to change.

You may choose one of the following settlement or payment options as an alternative to the Alliance Account:

Payments for a Fixed Period

The Death Benefit plus interest may be paid over a fixed number of years (1 to 25) either monthly, quarterly, semi-annually, or annually. The payment amount will be higher or lower depending on the period selected and the interest rate may change. You may withdraw the total present value of payments not yet made at any time.

Payments in Installments for Life

The Death Benefit may provide monthly payments in installments for as long as you live. You may choose a guaranteed minimum payment period (5, 10, or 20 years) or an installment refund, which will guarantee that the sum of the payments equals the amount of the Death Benefit payable under this option. If you die before Prudential has made all guaranteed payments, we will pay the present value of the remaining guaranteed payments to a payee you designate. If you do not choose a payment period, no Death Benefits will be paid.

Payment of a Fixed Amount

You may choose an income payment of a stated amount either monthly, quarterly, semi-annually, or annually. Prudential will make the payment until the proceeds and interest earned are fully paid. You receive a guaranteed specified sum for a limited number of years. The interest rate can change. Any interest credited will be used to extend the payment period.

Under each of the previously-mentioned alternative options, each payment must generally be at least \$20.





6 Life Claims Settlement Options (Continued)

Interest Income

All or part of the proceeds may be left with Prudential to earn interest, which can be paid annually, semi-annually, quarterly, or monthly. The minimum deposit is \$1,000. This option allows you to choose another settlement option at a later time. Withdrawals of \$100 or more (including the entire unpaid Death Benefit) can be made at any time.

Lump Sum

Receive the full death benefit in a single lump sum check. Before electing this payment option, you may want to consider the Alliance Account option, which allows you to:

- Begin earning interest immediately. Choosing a lump sum check means you will not begin earning interest until the check has been received and deposited into an interest-bearing account.
- Access the funds for urgent expenses while reviewing long-term options including writing a check for the full balance or electing another settlement option.
- Maintain some of the tax benefits of the original policy. Specifically, you can name your own beneficiary to receive any remaining balance at your death as insurance proceeds, which are generally income tax-free.

If you elect one of these settlement options, the tax treatment of the Death Benefit may be different than it would have been had the option not been elected. Please consult your tax advisor for advice.

Should you have any questions, please contact Prudential at 800-524-0542.

The Alliance Account is not available for payments less than \$5,000, payments to individuals residing outside the United States and its territories, and certain other payments. These will be paid by check. You should consult with a tax, investment or other financial advisor for tax information or other available investment options; we cannot provide tax advice. There are fees for special services such as stop payment requests. When the claim is paid, the full amount of the proceeds payable to you is paid in a single distribution by establishing an interest-bearing Alliance Account in your name. The Alliance Account is a separate arrangement between you and Prudential.

Prudential's Alliance Account is a registered trademark of The Prudential Insurance Company of America.

Open Solutions Inc. is the Service Provider of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Check clearing is provided by JPMorgan Chase Bank, N.A. and processing support is provided by First Data Payment Services (FDPS). Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). Open Solutions Inc., JPMorgan Chase Bank, N.A., and First Data Payment Services are not Prudential Financial companies.

© 2011 The Prudential Insurance Company of America.

Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.



Please send the completed form and all attachments to:

**The Prudential Insurance Company of America
Group Life Claim Division
P.O. Box 8517
Philadelphia, PA 19176**

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

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

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

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

KENTUCKY RESIDENTS — Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

NEW JERSEY RESIDENTS — Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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

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

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

VIRGINIA RESIDENTS — Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

WASHINGTON RESIDENTS — Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.





IMPORTANT INFORMATION

Your Funds are Secure: The Alliance Account is a settlement option under the original life insurance policy and is backed by the financial strength of The Prudential Insurance Company of America—one of the largest insurance companies in the U.S. All funds are held within Prudential's general account. It is not FDIC insured because it is not a bank account or a bank product.

Colorado—Funds held by insurance companies are guaranteed by the Colorado Life and Health Insurance Protection Association, but are not guaranteed by the Federal Deposit Insurance Corporation (FDIC). Please contact the Colorado Life and Health Insurance Protection Association, the National Organization of Life and Health Guaranty Associations, or the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about the coverage limitations to your account.

Illinois—If payment on certain claims is made after 31 days from the day we receive proof of death of the insured, life insurance death benefits payment under policies issued in Illinois will include interest at the rate of 9% per year. The interest will be payable from the date of death to the date of payment.

Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.

