



Prudential

Instruction Page: Annuity Change Form

Variable Annuities are issued by Pruco Life Insurance Company, in New York, by Pruco Life Insurance Company of New Jersey (these entities are referred to as "Prudential" below). All are Prudential Financial, Inc. companies and each is solely responsible for its own financial condition and obligations. The Rock Prudential Logo is a registered service mark of The Prudential Insurance Company of America (PICA) and its affiliates.

If requesting a collateral assignment, please complete the Notification of Collateral Assignment form.

If requesting an ownership change as the result of a divorce, please complete the Notification of Divorce and Division Form.

All information must be typed or printed using blue or black ink.

IF YOU ARE:

Reporting an address change – Read and complete Section 1, Section 2 and Section 11.

Reporting a name change – Read and complete Section 1, Section 3 and Section 11.

• Be sure to attach a copy of proper legal documentation (i.e. divorce decree, driver's license, marriage certificate).

Changing the Broker Dealer / Representative – Read and complete Section 1, Section 8, Section 9 and Section 11.

• If you would like your financial professional to receive authorization, complete Section 10.

Changing the Ownership – Read and complete Section 1, Section 4 and Section 11 and the appropriate Certificate of Entity Ownership form attached, if applicable.

• If the new owner is a Grantor Trust, Charitable Remainder Trust, or other trust, please complete the Certificate of Entity Ownership for Trusts Only form.

• If the new owner is an Employer Sponsored Qualified Plan or Non-Qualified Deferred Compensation Plan, please complete the Certificate of Entity Ownership and Trustee Acknowledgement for an Employer Sponsored Plan Only form.

• If the current owner is an irrevocable non-grantor trust not subject to IRC Section 72(u), the new owner is the current annuitant who is a trust beneficiary, and your intent is to terminate the trust and distribute the contract in question in its entirety to the indicated trust beneficiary without liquidating the contract, please contact the Annuities Service Center to obtain an Indemnification Form for Change of Ownership from Trust to Trust Beneficiary that will be required in addition to this Annuity Change Form.

• When the Ownership of a contract is changed, if a new beneficiary is not elected at the time of the ownership change, the beneficiary will be changed to The Estate.

• If you want your financial professional to retain / receive authorization, complete Section 10.

• Please note that Ownership changes are not allowed for Beneficiary Annuity (and Beneficiary Continuation Option) contracts.

• We no longer permit optional benefits on Annuities owned by the following entity types: Corporation, Non-profit Corporation, Limited Liability Company (LLC), Partnership, Endowment, and Omnibus Qualified Plan (pooled account). If we permit a change in the ownership or structure of an existing entity owned Annuity to any of the other above-named entity types, any existing optional benefit may be canceled and the new entity owner may not be permitted to elect or re-elect any optional benefits.

Changing the Annuitant – Read and complete Section 1, Section 5 and Section 11.

• For additional information, please refer to the section titled Supplement for Annuitant Change on page 8.

• Please note that Annuitant changes are not allowed for Beneficiary Annuity (and Beneficiary Continuation Option) contracts.

Changing the Beneficiary(ies) – Read and complete Section 1, Section 7 and Section 11.

Changing the Annuitization Date (for deferred annuities only) – Read and complete Section 1, Section 6 and Section 11.

• For additional information, please refer to the section titled Supplement for Annuitization Date Change on page 8.

PLEASE NOTE THAT PRUDENTIAL DOES NOT REQUIRE THE ENTIRE FORM TO BE RETURNED. YOU MAY RETURN ONLY THE COMPLETED SECTIONS.



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Annuity Change Form

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SECTION 1 ■ OWNER INFORMATION

Annuity Number _____ E-mail Address _____

Owner Name (First, Middle, Last Name) _____

Joint Owner Name (If applicable) _____

Telephone Number _____ Mobile Number _____

IMPORTANT INFORMATION THAT MAY IMPACT YOU:

DO YOU LIVE IN A COMMUNITY PROPERTY STATE? **AZ, CA, ID, LA, NV, NM, TX, WA, WI**

If you are the owner of this contract and reside in one of the states listed above and want to change the ownership, or assignment on this contract, your spouse's consent is required by Law and your spouse must sign as Party-in-Interest in Section 11.

If the change is a result of marriage, divorce, or death, we require a copy of your marriage certificate, divorce decree, or death certificate.

Please send me periodic service alerts via text message.

By checking the box above, you are agreeing to receive periodic service alerts from Prudential, each of which may be delivered to your mobile phone using an automated system. Message frequency may vary. Standard Message and Data Rates may apply to any SMS or MMS you send or receive as part of this program. At any time, you may reply to a text with "STOP" to cancel future notifications. Terms and Privacy Policy at www.prudential.com/prualertstandc.

If we require additional information to complete this request, please indicate who Prudential should contact:

Owner Financial Professional

SECTION 2 ■ ADDRESS CHANGE – COMPLETE WITH NEW INFORMATION

Choose one: Owner Annuitant or Insured Other

Legal Address

Street _____

City _____ State _____ ZIP Code _____

Correspondence Address End Date _____ / _____ / _____ (Month / Day / Year)

Street _____

City _____ State _____ ZIP Code _____

Check here if you do not want your address changed for withdrawal programs (i.e. systematic, automated, 72(t)s).

SECTION 3 ■ NAME CHANGE

Attach a copy of the proper legal documentation (i.e. divorce decree, driver's license, marriage certificate) and sign Section 11.

Choose one: Owner Annuitant or Insured Reason for the name change: Marriage Divorce Other

FROM: Previous Name (First, Middle, Last Name) _____

TO: New Name (First, Middle, Last Name) _____

SECTION 4 ■ OWNERSHIP CHANGE (Deferred Annuities Only - Please also refer to Section 6.)

Third Party Investment Advisor agreements cease to be valid and new forms must be submitted upon change of ownership. Upon an ownership change, any automated investment or withdrawal programs will be cancelled.

When the Ownership of a contract is changed, if a new beneficiary is not elected at the time of the ownership change, the beneficiary will be changed to The Estate.

The transfer of ownership of an annuity contract may have tax or legal implications; therefore, you may wish to consult with your tax or legal advisor before initiating any such change. Once the ownership change is effective, the tax reporting of the change cannot be reversed.

We reserve the right to reject any proposed change of Owner, Annuitant, or Beneficiary, as well as any proposed assignment of the annuity, subject to state limitations.

INFORMATION FOR ALL NEW OWNERS

To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify, and record information that identifies each person/entity that owns an account.

What this means: When a person/entity becomes the owner of an account, we must ask for the name, acting trustee/officer name(s), SSN / EIN / TIN, address, date of birth, and other information that will allow us to identify the person/entity. We may also require other identifying documents to be attached. For individual persons, if required by the USA Patriot Act, we will use the information provided and a national database to verify your information.

Changing the ownership could affect your Death Benefit Value and certain Optional Benefits that you already have in place on your Contract. An ownership change could result in the termination of your Optional Benefit. For the Prudential Defined Income Variable Annuity, a change to the Owner/Annuitant may cause the benefit to terminate, and you would lose all associated benefits. If this were to occur, the Death Benefit would equal the Account Value. Please refer to your Contract and/or Prospectus.

This information is required in order to complete your request.

Please check one: Individual Custodian Grantor Trust* Charitable Remainder Trust*
(as it relates to the Other trust* Employer Sponsored Non-Qualified Deferred
new owner) Qualified Plan*

***Note: All entity owners must complete a Certificate of Entity Ownership form (see attached).**

By checking this box, you indicate that the current owner is an irrevocable non-grantor trust not subject to IRC Section 72(u), the new owner is the current annuitant who is a trust beneficiary, and your intent is to terminate the trust and distribute the annuity contract in question in its entirety to the indicated trust beneficiary without liquidating the contract.

Must complete if current owner is a Custodian. This information is required in order to complete your request.

Please confirm the market of the underlying asset held by the Custodian.

Please check one: Traditional IRA Roth IRA Inherited IRA Other _____

Note: Not all markets are available. Prudential reserves the right to refuse certain markets on a non-discriminatory basis.

New Owner Name (First, Middle, Last Name) _____

Male Female E-mail Address _____

Date of Birth _____ / _____ / _____ Social Security/Tax I.D. Number _____
Month Day Year

Street _____

City _____ State _____ ZIP Code _____

Telephone Number _____ Mobile Number _____

Relationship of New Owner to Current Owner _____

Please send me periodic service alerts via text message.

By checking the box above, you are agreeing to receive periodic service alerts from Prudential, each of which may be delivered to your mobile phone using an automated system. Message frequency may vary. Standard Message and Data Rates may apply to any SMS or MMS you send or receive as part of this program. At any time, you may reply to a text with "STOP" to cancel future notifications. Terms and Privacy Policy at www.prudential.com/prualertstandc.

If we require additional information to complete this request, please indicate who Prudential should contact:

Owner Financial Professional

(Continued)

SECTION 4 ■ OWNERSHIP CHANGE (Deferred Annuities Only - Please also refer to Section 6.) (continued)

New Joint/Co-Owner Name (First, Middle, Last Name) _____

Male Female

Telephone Number _____

Date of Birth _____
Month Day Year

Social Security/Tax I.D. Number _____

Street _____

City _____ State _____ ZIP Code _____

Relationship of New Joint/Co-Owner to Current Owner _____

If the annuitant is currently on a systematic withdrawal program, would you like to keep the program running? YES NO

If "YES" Check to address of record

EFT, please contact the Annuity Service Center for an Electronic Funds Transfer (EFT) form.

SECTION 5 ■ ANNUITANT CHANGE (Deferred Annuities Only - Please also refer to Section 6.)

Please refer to page 8 "Supplement for Annuitant Change" regarding product restrictions.

The annuitant cannot be changed on entity-owned contracts and/or if this contract includes certain optional benefits.

There may be additional restrictions to the annuitant designations dependant upon the type of ownership indicated in section 4. Please see the Certificate of Entity Ownership form for more information.

Current Annuitant Name (First, Middle, Last Name) _____

New Annuitant Name (First, Middle, Last Name) _____

Male Female

Telephone Number _____

Date of Birth _____
Month Day Year

Social Security/Tax I.D. Number _____

Street _____

City _____ State _____ ZIP Code _____

Current Contingent Annuitant Name (First, Middle, Last Name) _____

New Contingent Annuitant Name (First, Middle, Last Name) _____

Male Female

Telephone Number _____

Date of Birth _____
Month Day Year

Social Security/Tax I.D. Number _____

Street _____

City _____ State _____ ZIP Code _____

SECTION 6 ■ ANNUITIZATION DATE CHANGE (DEFERRED ANNUITIES ONLY)

Please refer to page 8 "Supplement for Annuitization Date Change" for additional information.

Please refer to product prospectus or contact Prudential for product limitations.

New Annuitization Date _____
Month Day Year

SECTION 7 ■ BENEFICIARY CHANGE (All fields below must be completed.)

To select a Predetermined payout method for your beneficiary please complete the Beneficiary and Predetermined Payout Election Form.

If this change is a result of a divorce Prudential may require the Notification of Divorce and Division Form.

I hereby request the following Beneficiary change:

- All beneficiary(ies) previously designated will be revoked unless requested otherwise in writing by the owner(s).
- Please check primary or contingent for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary.
- All beneficiaries in a class are assumed to share equally unless requested otherwise in writing by the Owner(s).
- For Massachusetts' residents - state law requires that a disinterested adult who is not a party to the contract witness any request to change the beneficiary arrangement. Note: Your Investment Professional can sign as a witness.
- If a Trust is named as a beneficiary, the name of the Trust, the inception date of the Trust, and the trustee name(s) are require in order for us to process the request.
- For contract owners with the following benefits:(Spousal Lifetime Five Highest Daily, Spousal Highest Daily Lifetime Seven, Spousal Highest Daily Lifetime Seven with BIO, Spousal Highest Daily Lifetime 7 Plus, Spousal Highest Daily Lifetime 7 Plus with BIO, Spousal Highest Daily Lifetime 6 Plus, Spousal Highest Daily Lifetime Income, Spousal Highest Daily Lifetime Income 2.0, Spousal Highest Daily Lifetime Income 2.0 with Highest Daily Death Benefit, Spousal Highest Daily Lifetime Income 2.0 with Highest Annual Death Benefit, Spousal Highest Daily Lifetime Income v2.1, Spousal Highest Daily Lifetime Income v2.1 with Highest Daily Death Benefit, Spousal Highest Daily Lifetime Income v2.1 with Highest Annual Death Benefit, Spousal Highest Daily Lifetime Income v3.0, Spousal Highest Daily Lifetime Income v3.0 with Highest Daily Death Benefit or Spousal Highest Daily Lifetime Income v3.0 with Highest Annual Death Benefit.) The beneficiary designation must remain the spouse or spouses named equally.
- For non-qualified contracts, if the contract has a HD7 with BIO or HD7 Plus with BIO benefit and a beneficiary other than an individual is named, the beneficiary can not elect a payout beyond 5 years.

(All fields below must be completed.)

Beneficiary Name (First, Middle, Last Name) _____

Primary Contingent Male Female Percentage _____ %

Telephone Number _____

Relationship to Owner / Trustee name(s) if Trust (Required) _____

Date of Birth _____ / _____ / _____ Social Security/Tax I.D. Number _____
Month Day Year

Street _____

City _____ State _____ ZIP Code _____

Beneficiary Name (First, Middle, Last Name) _____

Primary Contingent Male Female Percentage _____ %

Telephone Number _____

Relationship to Owner / Trustee name(s) if Trust (Required) _____

Date of Birth _____ / _____ / _____ Social Security/Tax I.D. Number _____
Month Day Year

Street _____

City _____ State _____ ZIP Code _____

(Continued)

SECTION 7 ■ BENEFICIARY CHANGE (All fields below must be completed.) (continued)

Beneficiary Name (First, Middle, Last Name) _____

Primary Contingent Male Female Percentage _____%

Telephone Number _____

Relationship to Owner / Trustee name(s) if Trust (Required) _____

Date of Birth _____ / _____ / _____ Social Security/Tax I.D. Number _____
 Month Day Year

Street _____

City _____ State _____ ZIP Code _____

(if adding more than 3 Beneficiaries, please use the "SPECIAL REMARKS / ADDITIONAL BENEFICIARY REQUESTS" below.)

SPECIAL REMARKS / ADDITIONAL BENEFICIARY REQUESTS

SECTION 8 ■ PREVIOUS BROKER DEALER/REPRESENTATIVE ON ACCOUNT

Broker Dealer Name _____

Previous Representative Name (First, Middle, Last Name) _____

SECTION 9 ■ NEW BROKER DEALER/REPRESENTATIVE

Broker Dealer Name _____

Street _____

City _____ State _____ ZIP Code _____

Broker Dealer Account Number For Linking Purposes *(if applicable)*: _____

House Account (for Broker Dealer/Representative ONLY)

If the owner of the contract does not select a Representative, a House Account will be assigned.

Representative Name _____

Social Security *(Last 4 digits only)* _____ Split Percentage _____ %

Telephone Number _____ Fax Number _____

Prudential Representative Agent ID: _____ E-Mail _____

Additional Representative Name _____

Social Security *(Last 4 digits only)* _____ Split Percentage _____ %

Telephone Number _____ Fax Number _____

Prudential Representative Agent ID: _____ E-Mail _____

ADDITIONAL REPRESENTATIVES

NOTE: If there are additional representatives please indicate them in here.

SECTION 10 ■ FINANCIAL PROFESSIONAL AUTHORIZATION

This section is required to be completed when making an ownership change and you will want your financial professional to retain or receive authorization.

Do you authorize your financial professional to perform any of the designated activities below?

Please indicate what designated activities you authorize your Financial Professional to have:

- Release Account Information Perform Account Maintenance Provide Investment/Allocation Instructions

Definitions:

Receive Account Information – “Account Information” includes all financial and non-financial information regarding your annuity including, but not limited to your Account Value, Surrender Value, Free Withdrawal amount, annuity registration information (owner name, annuitant name, beneficiary designation, address of record).

Account Maintenance – is currently limited to the following: changes to the Address-of-Record for the Owner(s), increasing or decreasing systematic investment amounts under a Systematic Investment program or termination of a Systematic Investment program and increasing or decreasing systematic withdrawal amounts under a Systematic Withdrawal program or termination of a Systematic Withdrawal program. Additional maintenance activities may be available in the future.

Provide Investment/Allocation Instructions – “Investment Allocation Instructions” includes all activities, which affect the investment of your Account Value, in the sub-accounts available (please consult your Prospectus). These activities include: transfers between sub accounts; changes in Standing Allocation instructions for additional purchase payments; initiating, terminating or making changes to allocation instructions, where applicable for Optional Programs such as Systematic Withdrawals, Auto Rebalancing, Dollar Cost Averaging and Fixed Option renewal.

You are advised to consult your annuity contract and prospectus with any questions regarding the terms used above, or contact Prudential with any questions.

SECTION 11 ■ SIGNATURES

For a Partial Exchange of Assets received or disbursed on or after October 24, 2011: Internal Revenue Procedure 2011-38 applies to the direct transfer of a portion of the cash surrender value of an existing annuity contract for another annuity contract, regardless of whether the annuity contracts are issued by the same or different companies. Revenue Procedure 2011- 38 provides that a partial direct transfer as described above will be treated as a tax-free §1035 exchange if no distributions are made from either of the two contracts for 180 days following the date of the transfer. If a distribution from either contract occurs during the 180 day period following the date of the transfer, the IRS will apply general tax principles to determine the substance and treatment of the transfer.

If you are signing on behalf of an individual or entity in the capacity of Attorney-In-Fact or Trustee, the proper authorization must be on file or submitted with this request. See below for additional signature requirements.

By completing one or more sections of this form and signing below, I certify that the information provided herein is true and complete. I further represent that I have full rights and authority to make the change(s) requested, and that no third party has a claim or interest in the contract, nor has the contract been assigned, pledged as security or transferred to a third party. Changes requested pursuant to this form are effective as of the date Prudential receives and accepts this completed and signed form and any other documentation required by Prudential in good order as determined by Prudential.

By completing Section 4 and signing below, the current Owner(s) acknowledges that all ownership rights and privileges under the annuity listed in section 1 will be relinquished and transferred to the new Owner(s). Further, by signing below the new Owner(s) acknowledges and accepts all ownership rights, privileges and obligations.

I/We, as the proposed new owner/annuitant, acknowledge and represent that I/We have not been offered “free insurance” or any inducement such as a cash payment, gifts, loan proceeds in excess of the amount to fund the annuity contract, or anything else of value as an encouragement to become the new owner/annuitant on this annuity contract;

I/We, as the proposed new owner/annuitant, acknowledge and represent that I/We have not been solicited to sell or transfer, or had discussions about selling or transferring this annuity contract to a life settlement company or third party investors in the next five years;

I/We, as the proposed new owner/annuitant, acknowledge and represent that I/We have not entered into or been offered a financing arrangement where a lender or other third party, other than your employer or family member, will receive any portion of the death benefit of the annuity contract.

This form, and the information contained within, is not intended as investment advice and is not a recommendation about managing or investing your retirement savings. Neither Prudential Annuities, nor the Prudential entity(ies) set forth on this form, are acting as your fiduciary as defined by any applicable laws and regulations. Please consult with your qualified investment professional about managing or investing your retirement savings.

SECTION 11 ■ SIGNATURES (continued)

If not a U.S. person (including resident alien) or U.S. Entity, submit the applicable Form W-8 (BEN, BEN-E, ECI, EXP or IMY). In most instances, Form W-8BEN will be the appropriate form.

OWNER'S TAX CERTIFICATION (SUBSTITUTE W-9)

Owner Social Security/Tax I.D. Number _____

Under penalties of perjury, I certify that the taxpayer identification number (SSN/TIN) I have listed on this form is my correct SSN/TIN. Failure to provide an SSN/TIN may result in mandatory tax withholding. I further certify that:

- I am a U.S. citizen or other U.S. person (including resident alien).
- I am not a U.S. citizen or other U.S. person (including resident alien). I am a citizen of _____.
- I have been notified by the Internal Revenue Service that I am subject to backup withholding due to underreporting of interest and dividends. (Prudential is required to withhold income tax on any payments which include interest and dividends when the owner is subject to backup withholding.)
- I am subject to the reporting requirements of the Foreign Account Tax Compliance Act (FATCA).

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

SIGN HERE ▶

Current Owner's signature

_____/_____/_____
Date of signature (Month / Day / Year)

SIGN HERE ▶

Current Joint/Co-Owner's signature

_____/_____/_____
Date of signature (Month / Day / Year)

SIGN HERE ▶

New Owner's signature

_____/_____/_____
Date of signature (Month / Day / Year)

SIGN HERE ▶

New Joint/Co-Owner's signature

_____/_____/_____
Date of signature (Month / Day / Year)

SIGN HERE ▶

New Annuitant's signature

_____/_____/_____
Date of signature (Month / Day / Year)

SIGN HERE ▶

Party-in-Interest signature

_____/_____/_____
Date of signature (Month / Day / Year)

For Massachusetts' residents - state law requires that a disinterested adult who is not a party to the contract witness any request to change the beneficiary arrangement. Note: Your Investment Professional can sign as a witness.

SIGN HERE

Witness signature

_____/_____/_____
Date of signature (Month / Day / Year)

Owner/Interested Party Signature Requirements – For all entity owners: a Prudential Certificate of Entity Ownership form must be submitted.

Corporate Owner – Must be signed by an officer other than the insured/annuitant. A Corporate Resolution showing authority will be required. The officer signing must sign and provide title.

Collateral Assignment – Must be signed by both collateral assignee and Owner.

Power-of-Attorney – Must be signed by Attorney-in-Fact or Owner. If the Power of Attorney is not on record with Prudential, please attach to this form. Attorney-in-Fact must sign in that capacity, i.e. John Doe, Attorney-in-Fact.

Trust – Trustees must sign this form in that capacity, i.e. John Doe, Trustee.

Irrevocable Beneficiary – Must be signed by both Irrevocable Beneficiary and Owner.

Annuities Service Center
Investor Line: 1-888-778-2888
Financial Professionals: 1-800-513-0805
8:00AM–7:00PM ET, Monday–Thursday
8:00AM–6:00PM ET, Friday
Fax: (800) 576-1217
www.prudentialannuities.com

Regular Mail Delivery
Annuities Service Center
P.O. Box 7960
Philadelphia, PA 19176

Overnight Service, Certified or Registered Mail Delivery
Prudential Annuities Service Center
2101 Welsh Road
Dresher, PA 19025

SUPPLEMENT FOR ANNUITANT CHANGE

The Prudential Premier, Prudential Premier Retirement and Prudential Premier Investment Series provides the owner(s) the ability to change the current annuitant and/or add a contingent annuitant/co-annuitant during the life of the contract. This form is to be used to facilitate these requests for the above products only.

- *As a result of the death of a sole annuitant, you, the owner, automatically become the new annuitant.*

The following restrictions below apply to the following products: Strategic Partners Annuity One, Strategic Partners Advisor, Strategic Partners FlexElite, Strategic Partners Horizon, Discovery Choice, Prudential Protector Plus, and Discovery Classic.

- *Change of annuitant can only take place as a result of the death of the sole annuitant. You, the owner, automatically become the new annuitant. You can use this form to name an annuitant other than yourself within 60 days of the death of the current annuitant.*
- *After these contracts have been issued, you cannot add a contingent annuitant/co-annuitant.*

All Prudential Products

- *If a contingent annuitant/co-annuitant exists, that person will automatically assume the role of as primary annuitant upon the death of the primary annuitant.*
- *The change of an annuitant to someone other than the owner could result in the termination of some existing optional benefits.*
- *The annuity date may be changed in conjunction with a change of annuitant.*

SUPPLEMENT FOR ANNUITIZATION DATE CHANGE

Changing the Annuitization Date

- *For Pru Premier and Premier Retirement: The Annuity Date you choose must be no later than the first day of the month next following the Annuitant's 95th birthday. For Annuities issued on or after November 20, 2006 (subject to regulatory approval), the maximum Annuity Date is based on the first of the Owner or Annuitant to reach age 95.*



Prudential

Certificate of Entity Ownership For Trusts Only

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Completion of this form is required when an entity is to own an annuity or when there is a change of ownership to an entity.

This is not a U.S. Entity

If this box is checked, the W8-BEN-E is also required in order to process your request.

If completing as a Qualified Trust acting as an Employer Sponsored Plan please complete "Certificate of Entity Ownership and Trustee Acknowledgement for an Employer Sponsored Plan".

SECTION 1 ■ TRUST INFORMATION

Prudential's Annuity Products cannot be sold to entities Sitused outside of the United States.

Trust Name

Annuity Number

Trust Address – City

State

ZIP Code

_____ - _____

Date Trust was Established

Month / Day / Year _____ / _____ / _____ Tax I.D. Number _____

SECTION 2 ■ ANNUITANT INFORMATION

Please complete the following for the Relationship of the Annuitant to the Entity listed in section 1.

Please note that Prudential will only issue a contract if the relationship between the owner and annuitant falls within one or more of the categories below and is acceptable to us. We may apply certain limitations, restrictions, and/or underwriting standards as a condition of our issuance of an annuity contract and/or acceptance of Purchase Payments.

Please Note: For single Grantor Trusts, the annuitant must be the grantor of the Grantor Trust. For co-grantor Trusts (where available), the oldest Grantor must be the annuitant.

Annuitant Name _____

Please indicate the annuitant's relationship to the trust below:

- Grantor
- Trust Income Beneficiary
- Trust Remainder Beneficiary

REQUIRED

Is this entity primarily in the business of investing, reinvesting, owning, holding or trading in securities?

1. No Yes If "Yes", then please provide specifics: _____

2. Are the grantor, trust income beneficiary or trust remainder beneficiary the only individuals that can benefit financially from this annuity? YES NO

3. **(For beneficiary annuity contracts only)** Has this Trust been reformed or revised since the death of the owner/participant? YES NO

If we require additional information to complete this request, please indicate who Prudential should contact:

Owner Financial Professional

SECTION 3 ■ TRUST INFORMATION

Please check the type of trust (*select the first applicable option*):

1. **Grantor Trust** as described under Internal Revenue Code (IRC) Sections 671-679 (*not subject to IRC Section 72(u)*)

NOTE: Any revocable trust is considered a grantor trust.

Grantor Name _____ *Subject to state availability, we will permit a Grantor Trust with two Grantors.*

Date of Birth _____ / _____ / _____ Social Security Number _____
Month Day Year

Co-Grantor Name _____ *Subject to state availability, we will permit a Grantor Trust with two Grantors.*

Date of Birth _____ / _____ / _____ Social Security Number _____
Month Day Year

Please note: If this is a Co-Grantor Trust, death of the first Grantor requires distribution of the contract under IRC section 72(s), regardless of whether the grantor was the annuitant. If the first Grantor to die was not the Annuitant, the Surrender Value will be payable. Please see the prospectus for additional information.

2. **Charitable Remainder Trust** (*subject to IRC Section 72(u)*) 1035 Exchanges are not Permitted. (See Section 5)

3. **Irrevocable Trust - if checked, please answer the following:**

Is this entity acting as an agent for an individual under IRC Section 72(u)? YES NO

If checked "NO", this does not qualify for tax deferral status and 1035 Exchanges are not Permitted. (See Section 5)

SECTION 4 ■ POWER OF THE INDIVIDUALS AUTHORIZED TO ACT ON BEHALF OF THE TRUST

The document and/or agreement creating and/or organizing the above trust, if applicable, is referred to herein as the "Trust Agreement."

- a.) Is there more than one Authorized Individual named in the Trust Agreement?

No Yes If "Yes", then all Authorized Individuals must sign this certificate.

If "Yes", then complete (b).

- b.) If there is more than one Authorized Individual named in the Trust Agreement, the above referenced Trust Agreement requires that: (*Please mark the appropriate box.*)

- all Trustees
 a majority of Trustees
 any Trustee

Must sign documents pertaining to the above-referenced Policy/Contract(s) which require a signature.

- c.) The undersigned Authorized Individuals hereby certify that we have the power under the Entity Agreement or otherwise to enter into transactions for the purchase of annuities, as well as the exercise of all ownership rights under the annuity.

SECTION 5 ■ IMPORTANT TAX INFORMATION

The current ownership provisions of this contract may place it under the provisions of IRC Section 72(u). Increases in the value of assets held in this contract(s) (not directly attributable to payment(s) applied) during any calendar year will be treated as ordinary income received or accrued by the owner during the year earned. By signing this form, you acknowledge understanding of this treatment.

Prudential will issue a Form 1099-R on all earnings accrued during the year. We have presented this information based on our understanding of tax law. You may wish to consult a tax or legal advisor for more information because neither we, nor our representatives, can provide tax or legal advice.

SECTION 6 ■ CERTIFICATION, INDEMNITY, AND AGREEMENT

The undersigned Authorized Individual(s) represent, warrant, and certify that as of the date of signing below, the representations made in the Certificate of Entity Ownership Form (Certificate) are true, complete, and accurate, that the Entity is active and in compliance with state and federal laws, and that the Entity Agreement (as defined above) has not been revoked, modified or amended in any manner which would cause the representations contained in this Certificate to be inaccurate or incorrect.

Prudential will rely on this Certificate and will not be held liable for any act taken by it pursuant to and in reliance upon this Certificate and upon the representations made herein unless and until it receives a written amendment regarding the Entity Agreement, written notice of a change in Authorized Individual(s) or written notice of any events affecting the Authorized Individual(s) powers described above. The undersigned agree to send written notice promptly to Prudential of any changes in Authorized Individual(s), of any amendment or modification to the Entity Agreement which would cause the representations contained in this Certificate to be or become inaccurate or incorrect, or of the occurrence of any event which would affect the Entity Agreement's revocability, the powers of the individuals authorized to act on behalf of the Entity, or any representations made in this Certificate.

The undersigned hereby agree, both individually and on behalf of the entity which they represent, to jointly and severally indemnify Prudential and its affiliates and each of its officers, directors, employees, and agents from, and hold such persons harmless against, any claims, losses, judgments, settlement amounts, defense or settlement (including reasonable attorney's fees), or other losses or liabilities arising out of or related to any acts or omissions taken by Prudential upon the instruction of the Authorized Individual(s) and in reliance upon their representations to Prudential in connection with the annuity owned by the Entity.

SECTION 7 ■ SIGNATURES

If there is more than one Authorized Individual, all Authorized Individuals must sign.**

As of the date this Certificate is signed, the Authorized Individual(s) listed in the Signature Section below are and continue to be all of the Authorized Individuals of the Entity (does not apply to corporate owners). If additional space is required, please attach a separate page. Additionally the undersigned attests that the entity, on whose behalf they are signing, is not an Investment Company.

The undersigned Authorized Individual(s) represent that no consideration was paid to the Annuitant with respect to the issuance of the Annuity contract. The undersigned further represent that they did not purchase this Annuity to use it, or any of its riders, for speculation, arbitrage, viatication or any other type of collective investment scheme now or at any time prior to termination of the Annuity. Your Annuity may not be traded on any stock exchange or secondary market.

(Continued)

SECTION 7 ■ SIGNATURES (continued)

If not a U.S. person (including resident alien) or U.S. Entity, submit the applicable Form W-8 (BEN, BEN-E, ECI, EXP or IMY). In most instances, Form W-8BEN will be the appropriate form.

OWNER'S TAX CERTIFICATION (SUBSTITUTE W-9)

Under penalties of perjury, I certify that the taxpayer identification number (SSN/TIN) I have listed on this form is my correct SSN/TIN. Failure to provide an SSN/TIN may result in mandatory tax withholding. I further certify that:

- I am a U.S. citizen or other U.S. person (including resident alien).
- I am not a U.S. citizen or other U.S. person (including resident alien). I am a citizen of _____.
- I have been notified by the Internal Revenue Service that I am subject to backup withholding due to underreporting of interest and dividends. (Prudential is required to withhold income tax on any payments which include interest and dividends when the owner is subject to backup withholding.)
- I am subject to the reporting requirements of the Foreign Account Tax Compliance Act (FATCA).

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

Trustee Name (First, Middle, Last Name)

Social Security/Tax I.D. Number

Date of Birth

_____/_____/_____
Month Day Year

SIGN HERE ▶

Trustee Signature

_____/_____/_____
Month Day Year

REQUIRED TITLE

If signing as a Trustee for a Trust, please provide the Trustee Designation

Trustee Name (First, Middle, Last Name)

Social Security/Tax I.D. Number

Date of Birth

_____/_____/_____
Month Day Year

SIGN HERE ▶

Trustee Signature

_____/_____/_____
Month Day Year

REQUIRED TITLE

If signing as a Trustee for a Trust, please provide the Trustee Designation

REQUIRED

I certify and agree that no payment or other consideration was made to me as the Annuitant with respect to this Annuity.

SIGN HERE ▶

Annuitant signature

_____/_____/_____
Month Day Year

This form, and the information contained within, is not intended as investment advice and is not a recommendation about managing or investing your retirement savings. Neither Prudential Annuities, nor the Prudential entity(ies) set forth on this form, are acting as your fiduciary as defined by any applicable laws and regulations. Please consult with your qualified investment professional about managing or investing your retirement savings.

Annuities Service Center
Investor Line: 1-888-778-2888
Financial Professionals: 1-800-513-0805
8:00AM–7:00PM ET, Monday–Thursday
8:00AM–6:00PM ET, Friday
Fax: (800) 576-1217
www.prudentialannuities.com

Regular Mail Delivery
Annuities Service Center
P.O. Box 7960
Philadelphia, PA 19176

Overnight Service, Certified or Registered Mail Delivery
Prudential Annuities Service Center
2101 Welsh Road
Dresher, PA 19025



Prudential

Certificate of Entity Ownership and Trustee Acknowledgement for an Employer Sponsored Plan

Variable Annuities are issued by Pruco Life Insurance Company, in New York, by Pruco Life Insurance Company of New Jersey and The Prudential Insurance Company of America (PICA) (these entities are referred to as "Prudential" below). All are Prudential Financial, Inc. companies and each is solely responsible for its own financial condition and obligations. The Rock Prudential Logo is a registered service mark of PICA and its affiliates.

Completion of this form is required when an entity is to own an annuity or when there is a change of ownership to an entity.

This is not a U.S. Entity

If this box is checked, the W8-BEN-E is also required in order to process your request.

If the contract is being issued in conjunction with a pension and/or profit sharing plan, the writing Financial Professional must complete page 5.

SECTION 1 ■ PLAN INFORMATION

Prudential's Annuity Products cannot be sold to entities Sitused outside of the United States.

_____ **Plan Name** _____ **Annuity Number** _____

_____ **Plan Address – City** _____ **State** _____ **ZIP Code** _____ - _____

Plan Effective Date

Month / Day / Year _____ / _____ / _____ **Tax I.D. Number** _____

The following entity types are not permitted to be an owner:

- Corporation* • Non-profit Corporation* • Limited Liability Company (LLC)* • Partnership* • Endowment
- Omnibus Qualified Plan (pooled account)

**Except for purposes of a Non-Qualified Deferred Compensation Plan - See Section 2 under "Employer Sponsored Plans"*

Does this plan contain a total of 50 or fewer participants? Yes No

This refers to all participants, no matter where the assets are held, not just Prudential participants.

SECTION 2 ■ ENTITY INFORMATION

ANNUITANT INFORMATION FOR EMPLOYER SPONSORED PLANS ONLY

Please note that Prudential will only issue a contract if the relationship between the owner and annuitant falls within one or more of the categories below and is acceptable to us. If other is checked, Prudential will determine whether the relationship is sufficient to accept the ownership/annuitant structure. We may apply certain limitations, restrictions, and/or underwriting standards as a condition of our issuance of an annuity contract and/or acceptance of Purchase Payments.

Please complete the following for the Relationship of the Annuitant to the Entity listed in Section 1.

Annuitant Name _____

Please indicate the annuitant's relation to the entity/plan:

- Plan Participant and/or Employee - *(An individual that is gainfully employed by the entity listed above)*
- Other (please explain _____)

REQUIRED - Please answer the following:

Is this entity primarily in the business of investing, reinvesting, owning, holding or trading in securities?

No Yes If "Yes", then please provide specifics: _____

(Continued)

SECTION 2 ■ ENTITY INFORMATION (continued)

Is the annuity contract and the funds being used to purchase the annuity exclusively for the sole benefit of the designated annuitant on this annuity contract? YES NO

Please check the type of entity to own this annuity contract:

- Defined Benefit Plan 401(k) Roth 401(k) Profit Sharing Money Purchase Plan
 457(b) Government Plan 457(b) Non-Profit Non-Qualified Deferred Compensation Plan (*Subject to 72(u), See Section 4*)
 Other: _____

If we require additional information to complete this request, please indicate who Prudential should contact:

- Owner Financial Professional

SECTION 3 ■ POWER OF THE INDIVIDUALS AUTHORIZED TO ACT ON BEHALF OF THE ENTITY (REQUIRED FOR ALL ENTITIES)

The document and/or agreement creating and/or organizing the above entity, if applicable, is referred to herein as the "Entity Agreement."

(a) Is there more than one Authorized Individual named in the entity agreement?

- No Yes If "Yes", then all Authorized Individuals must sign this certificate.

If "Yes", then complete (b).

(b) If there is more than one Authorized Individual named in the Entity Agreement, the above referenced Entity Agreement requires that: (Please mark the appropriate box.).

- all Authorized Individuals
 a majority of Authorized Individuals
 any Authorized Individual

Must sign documents pertaining to the above referenced Policy/Contract(s) which require a signature.

(c) The undersigned Authorized Individuals hereby certify that we have the power under the Entity Agreement or otherwise to enter into transactions for the purchase of annuities, as well as the exercise of all ownership rights under the annuity.

SECTION 4 ■ IMPORTANT TAX INFORMATION

The current ownership provisions of this contract may place it under the provisions of IRC Section 72(u). Increases in the value of assets held in this contract(s) (not directly attributable to payment(s) applied) during any calendar year will be treated as ordinary income received or accrued by the owner during the year earned. By signing this form, you acknowledge understanding of this treatment.

Prudential will issue a Form 1099-R on all earnings accrued during the year. We have presented this information based on our understanding of tax law. You may wish to consult a tax or legal advisor for more information because neither we, nor our representatives, can provide tax or legal advice.

SECTION 5 ■ TRUSTEE ACKNOWLEDGEMENT

Before we can process the application you have submitted and issue a contract to you, we must have your agreement to the following:

1. You are being issued a non-qualified annuity contract as an investment in connection with a pension plan, which may be a tax-qualified pension or profit-sharing plan under section 401(a) under the Internal Revenue Code of 1986, as amended (the "Code"), a church or governmental pension or deferred compensation plan (including a plan described in Code section 457 or 409A), or a private nonqualified plan or arrangement which covers no more than 50 participants.
2. If your pension plan is a "pension benefit plan" as such term is defined under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), you are the "named fiduciary" for investment under the terms of the pension plan (as such term is defined under ERISA), and you acknowledge that you have received a prospectus that contains information about the undersigned representative's affiliation with Prudential, charges and fees, commissions, and cancellation rights with respect to the contract, in accordance with the requirements of ERISA Prohibited Transaction Class Exemption 84-24.
3. You represent that, after consulting with your legal counsel who is/are experienced with employee benefit plans, you have determined that the purchase of this contract is legal and appropriate for the plan. You further acknowledge and agree that you are responsible for all plan level administration, including contribution limit testing, other contribution monitoring, distribution monitoring and all other administrative functions that relate to the plan's status under the Code. You further acknowledge and agree that you are relying exclusively on your legal advisors, and not Prudential or its agents, with respect to all tax, ERISA and other legal issues with respect to the plan.

(Continued)

SECTION 5 ■ TRUSTEE ACKNOWLEDGEMENT (continued)

4. You are aware of the Norris decision of the U S Supreme Court (Arizona Governing Committee v. Norris), which held that employer-sponsored retirement plans are prohibited under the Civil Rights Act of 1964 from providing unequal benefits (or contributions) for similarly-situated men and women, and have consulted with your own attorney as to the suitability of the application for the contract, in light of that case and other precedents, and the fact that:
 - a. The applied-for contract contains sex-distinct rates and values; and
 - b. You could purchase a contract from another carrier that is based upon unisex rates and values that would comply with the applicable requirements (Prudential does not offer contracts based upon unisex rates and values).
5. With respect to the contract, you acknowledge that all payments under the contract will be directed to you and that we will provide you with such additional information as may be needed to facilitate your ability to perform tax withholding and reporting for the Plan. Notwithstanding anything to the contrary in the contract, you understand that Prudential will provide no tax reporting and withholding services and that Prudential does not provide tax or legal advice.
6. You acknowledge that this annuity is being purchased for the sole benefit of one participant who is designated as the annuitant on this annuity contract. If the contract is to be held as an investment under a defined benefit pension plan, you acknowledge the value of the annuity, after reduction for any applicable charges, may be insufficient in conjunction with other plan assets, if any, to cover benefits owned under the plan.
7. You understand that Prudential will only provide regularly scheduled administrative reporting as required under the contract (i.e., quarterly statements), and will provide information annually to facilitate completion of Schedule A to Form 5500 (if required) for the plan and that we may, at our discretion, charge a fee for any additional reports or values requested by you as the trustee.
8. You acknowledge that the sponsor of the plan, not Prudential or its affiliates, is solely responsible for maintaining the status of the plan in accordance with ERISA and Code requirements as applicable, and you agree to hold Prudential and its affiliates harmless from any adverse consequences associated with any failure to comply with ERISA or Code requirements as applicable.
9. If the contract is being held as an investment in connection with a tax qualified pension or profit sharing plan as described under section 401(a) under the Internal Revenue Code of 1986, as amended (the code), you acknowledge that:
 1. I am not receiving any benefit, other than benefits that would otherwise be provided in this retirement plan, from any party dealing with this plan, as a result of the sale of this contract.
 2. I am not a partner or employee of the representative making the sale; and (in the case of a business serving as the independent fiduciary) the representative is not an officer, director, partner or employee of the independent fiduciary.
 3. I am not a relative of the representative (including spouse, direct descendant, spouse of a direct descendant, ancestor, brother, sister, spouse of a brother or sister).

SECTION 6 ■ CERTIFICATION, INDEMNITY, AND AGREEMENT

The undersigned Authorized Individual(s) represent, warrant, and certify that as of the date of signing below, the representations made in the Certificate of Entity Ownership Form (Certificate) are true, complete, and accurate, that the Entity is active and in compliance with state and federal laws, and that the Entity Agreement (as defined above) has not been revoked, modified or amended in any manner which would cause the representations contained in this Certificate to be inaccurate or incorrect.

Prudential will rely on this Certificate and will not be held liable for any act taken by it pursuant to and in reliance upon this Certificate and upon the representations made herein unless and until it receives a written amendment regarding the Entity Agreement, written notice of a change in Authorized Individual(s) or written notice of any events affecting the Authorized Individual(s) powers described above. The undersigned agree to send written notice promptly to Prudential of any changes in Authorized Individual(s), of any amendment or modification to the Entity Agreement which would cause the representations contained in this Certificate to be or become inaccurate or incorrect, or of the occurrence of any event which would affect the Entity Agreement's revocability, the powers of the individuals authorized to act on behalf of the Entity, or any representations made in this Certificate.

The undersigned hereby agree, both individually and on behalf of the entity which they represent, to jointly and severally indemnify Prudential and its affiliates and each of its officers, directors, employees, and agents from, and hold such persons harmless against, any claims, losses, judgments, settlement amounts, defense or settlement (including reasonable attorney's fees), or other losses or liabilities arising out of or related to any acts or omissions taken by Prudential upon the instruction of the Authorized Individual(s) and in reliance upon their representations to Prudential in connection with the annuity owned by the Entity.

SECTION 7 ■ SIGNATURES (If there is more than one Authorized Individual, all Authorized Individuals must sign.)**

As of the date this Certificate is signed, the Authorized Individual(s) listed in the Signature Section below are and continue to be all of the Authorized Individuals of the Entity (does not apply to corporate owners). If additional space is required, please attach a separate page. Additionally the undersigned attests that the entity, on whose behalf they are signing, is not an Investment Company.

This form, and the information contained within, is not intended as investment advice and is not a recommendation about managing or investing your retirement savings. Neither Prudential Annuities, nor the Prudential entity(ies) set forth on this form, are acting as your fiduciary as defined by any applicable laws and regulations. Please consult with your qualified investment professional about managing or investing your retirement savings.

*** If signing on behalf of a Non-Qualified Deferred Compensation Plan, please attach a copy of a current corporate resolution or other applicable documents, certified by the corporate secretary, if possible, authorizing the individual(s) named below to act on behalf of the corporation to enter into contracts and financial transactions.*

(Continued)

SECTION 7 ■ SIGNATURES (continued)

The undersigned Authorized Individual(s) represent that no consideration was paid to the Annuitant with respect to the issuance of the Annuity contract. The undersigned further represent that they did not purchase this Annuity to use it, or any of its riders, for speculation, arbitrage, viatication or any other type of collective investment scheme now or at any time prior to termination of the Annuity. Your Annuity may not be traded on any stock exchange or secondary market.

If not a U.S. person (including resident alien) or U.S. Entity, submit the applicable Form W-8 (BEN, BEN-E, ECI, EXP or IMY). In most instances, Form W-8BEN will be the appropriate form.

OWNER'S TAX CERTIFICATION (SUBSTITUTE W-9)

Under penalties of perjury, I certify that the taxpayer identification number (SSN/TIN) I have listed on this form is my correct SSN/TIN. Failure to provide an SSN/TIN may result in mandatory tax withholding. I further certify that:

- I am a U.S. citizen or other U.S. person (including resident alien).
- I am not a U.S. citizen or other U.S. person (including resident alien). I am a citizen of _____.
- I have been notified by the Internal Revenue Service that I am subject to backup withholding due to underreporting of interest and dividends. (Prudential is required to withhold income tax on any payments which include interest and dividends when the owner is subject to backup withholding.)
- I am subject to the reporting requirements of the Foreign Account Tax Compliance Act (FATCA).

For Non-Qualified Deferred Compensation Plans only: Check appropriate box for federal tax classification (required):

- C Corporation S Corporation Partnership
- Limited liability company. Enter the tax classification (C = C corporation, S = S corporation, P = partnership) _____
- Other _____

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

REQUIRED ▶

_____ **Trustee Name** (First, Middle, Last Name)

_____ Social Security/Tax I.D. Number Date of Birth _____ / _____ / _____
Month Day Year

REQUIRED ▶

_____ **Trustee Signature** Date of signature (Month / Day / Year) _____ / _____ / _____

_____ **Authorized Individual Name** (First, Middle, Last Name)

_____ Social Security/Tax I.D. Number Date of Birth _____ / _____ / _____
Month Day Year

SIGN HERE ▶

_____ **Authorized Individual Signature** Date of signature (Month / Day / Year) _____ / _____ / _____

REQUIRED TITLE

_____ *If signing on behalf of an entity, you must indicate your official title / position with the entity.*

REQUIRED

I certify and agree that no payment or other consideration was made to me as the Annuitant with respect to this Annuity.

SIGN HERE ▶

_____ **Annuitant signature** _____ / _____ / _____
Month Day Year

Annuities Service Center
Investor Line: 1-888-778-2888
Financial Professionals: 1-800-513-0805
8:00AM–7:00PM ET, Monday–Thursday
8:00AM–6:00PM ET, Friday
Fax: (800) 576-1217
www.prudentialannuities.com

Regular Mail Delivery
Annuities Service Center
P.O. Box 7960
Philadelphia, PA 19176

Overnight Service, Certified or Registered Mail Delivery
Prudential Annuities Service Center
2101 Welsh Road
Dresher, PA 19025

TO BE COMPLETED BY THE FINANCIAL PROFESSIONAL:

If the contract was issued in conjunction with a tax qualified pension and/or profit sharing plan, the following section must be completed by the participating representative.

I, the representative participating in the sale which is the subject of the required disclosure described in Section 5 No. 2, am not:

- (a) an employee, officer, director, or partner of the employer establishing this plan,
- (b) nor is any relative of mine, as described above, in control, directly or indirectly, of the corporation, in the case of a corporation establishing or maintaining this Plan.
- (c) nor is any relative:
 - a sole proprietor or a partner with a 10% or more interest in the partnership in the case of a partnership or sole proprietorship establishing or maintaining this plan,
 - an owner of a 5% or more interest in the Corporation, in case of a Subchapter S Corporation establishing or maintaining this Plan,
- (d) nor is any affiliate of mine (including relatives) a Trustee, Administrator, or a Fiduciary with written authority to acquire, manage or dispose of the assets of this Plan.

As a broker, I am properly licensed to represent Prudential. I am able to solicit and procure applications for all types of annuity contracts issued by Prudential for use in plans defined in section 401(a) of the Code. I am free to recommend the contracts of Prudential or other insurance companies with whom I am properly licensed.

SIGN HERE ➔

Financial Professional signature

_____/_____/_____
Date of signature (Month / Day / Year)