

Fund Transfer Request

_____ \$____ or ____ % Total _____ or 100%

Please print using blue or black ink	Please	print	using	blue	or	black	ink
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Instructions Complete all sections of this form to transfer money between funds. The requested transfers will take effect on the first business day they are received in Good Order, or on the next business day if received after 4:00 p.m., Eastern time. Transfer requests in percentages must be at least 5% and may not be a fractional percentage. You may transfer amounts among the investment options available to you as often as twelve times during a Cortificate Vear without a charge. There will be a \$10 charge for each transfer request exceeding twelve

		in any Certificate Year W 1-800-242-7248. You Eastern time.	ear. Sign and date	the form and	send it	to the address	above. You n	nay ser	nd it by fax t	
2	Participant	First name of partici	pant		MI L	ast name				
	Information									
		Street						Apt.		
		City		,	State	ZIP code	de			
		Group control numb	er Social	Security num	ber Daytime telephone number					
		1 4 2 7 3								
		Has insurance been Yes □ No □	assigned?	Account numl	ber		<u>'</u>			
"	Transfer "From" Instructions	transferred. Use the investment options as they appear in the Group Variable U								
		Investment option	Dollar amount	Percent	Invest	tment option	Dollar am	ount	Percent	
			\$	or %			\$	or	%	
			\$	or %			\$	or	%	
			\$	or %			\$	or	%	
			\$	or %			\$	or	%	
			\$	or %			\$	or	%	
				or %			\$	or	%	
				or %						
				or %			\$			
				or %			\$		%	

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______\$ _____ or _____ %

Transfer
"To"
Instructions

Specify the investment option(s) and dollar amount(s) or percentage(s) to be transferred (see transfer restrictions in section 1). "Transfer from" and "Transfer to" total dollar amounts must be equal. Use the investment options as they appear in the Group Variable Universal Life Prospectus.

Investment option	Dollar amount	Percent	Investment option	Dollar amount	Percent
	\$	or %		\$	or %
	\$	or %		\$	or %
	\$	or %		\$	or %
	\$	or %		\$	or %
	\$	or %		\$	or %
	\$	or %		\$	or %
	\$	or %		\$	or %
	\$	or %		\$	or %
	\$	or %		\$	or %
	\$	or %		\$	or %
			Total _		or 100%

Signature	5
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The requested transfers will take effect on the business day they are received in Good Order, or on the next business day if received after 4:00 p.m., Eastern time. I understand that each of the investment options has specific investment objectives and risks, and that I am the named fiduciary with full responsibility for making the investment decisions related to this product. No recommendation on investment or investment allocation has been made to me by Prudential, its affiliates, or Aon Securities LLC. I have received a prospectus for the applicable investment option(s).

Participant's signature X	 month	day	year	
Assignee's signature X (if applicable)	 month	day] year	

Group Variable Universal Life is issued by The Prudential Insurance Company of America and distributed through Prudential Investment Management Services LLC ("PIMS"). The Prudential Insurance Company of America is located at 751 Broad St., Newark, NJ 07102, and PIMS is located at 655 Broad Street, Newark, NJ 07102. Both are Prudential Financial companies. Contract series: 89759. Group Variable Universal Life is offered and administered through Aon Securities LLC, Member FINRA/SIPC, 1100 Virginia Drive, Suite 250, Fort Washington, PA 19034-3278, 1–800–223–7473. The Plan Agent of the AICPA Insurance Trust is Aon Insurance Services. Aon Securities and Aon Insurance Services are not affiliated with either Prudential or PIMS.

Aon Insurance Services is the brand name for the brokerage and program administration operations of Affinity Insurance Services, Inc.; (TX 13695); (AR 100106022); in CA & MN, AIS Affinity Insurance Agency, Inc. (CA 0795465); in OK, AIS Affinity Insurance Services Inc.; in CA, Aon Affinity Insurance Services, Inc., (CA 0G94493), Aon Direct Insurance Administrators and Berkely Insurance Agency and in NY, AIS Affinity Insurance Agency.

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