

Group Variable Universal Life Insurance

Face Amount Decrease Request Form

Please print using blue or black ink.

1 Instructions Use this form to request a decrease in the Face Amount of Insurance under your Group Variable Universal Life Certificate. Complete all sections, then sign and date the form and send it to the above address. You may also fax it to 1-800-242-7248. If you have any questions, please call our Customer Service Representatives toll-free at 1-800-223-7473, weekdays between 8:30 a.m. and 6:00 p.m. Eastern time.

2 Participant Information	First name of participant	MI	Last nam	e			
	Street				Apt.		
	City State Zip Code						
	Group control number Social Security Number Daytime Telephone Number 1 4 2 7 3 - -						
	Has insurance been assigned? Account Nu Yes 🖵 No 🖵 [O O O			7			
3 Face Amount Decrease Information	You may decrease to a scheduled amount based o the month following receipt. If the face amount de will not process your request. A letter explaining y	crease	affects the	tax treatme	ent of your (
4 Face Amount Decrease Request	I request to decrease my Face Amount of Insurance Any future requests to increase coverage will be						
5 Signature	Participant's signature X			[month da	 y	year
	Assignee's signature X(if applicable)				month da	 y	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 St., 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.

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