AICPA® AICPA Insurance Trust I Aon Securities LLC, Member FINRA/SIPC
1100 Virginia Drive, Suite 250, Fort Washington, PA 19034-3278

Group Variable Universal Life Insurance

Allocation Request

Please print using blue or black ink.

1 Instructions

Use this form to request your investment allocations of all future payments to the Certificate Fund. Complete all sections, then sign and date the form and send it to the address above. You may call toll free **1-800-223-7473** with any questions, Monday - Friday, 8:30 a.m. - 6:00 p.m., Eastern time.

2 Participant Information

First name of participant ______ MI ___ Last name ______

Street ______ Apt. ___

City ______ State ___ ZIP code _____ – ____

Group control number 1 4 2 7 3 Social Security number ___ – __ – ____ Daytime telephone number ___ ___ – ____

Has insurance been assigned? Yes ☐ No ☐

3 Future Allocation Instructions

I allocate any future premium payments to the investment option(s) specified below. Each fund allocation must be at least 5 percent and must be a whole number (no fractions). Total allocations must equal 100 percent.

Investment Style	Investment Objective	Allocation
Guaranteed Return*	Prudential Fixed Account.	FFA ______%
Prudential Series Fund PSF PGIM Government Money Market Portfolio 7-Day Current Net Yld *(as of 12/31/2021:-0.47%*)*	Seeks maximum current income consistent with the stability of capital and the maintenance of liquidity.	MMP______%
Prudential Series Fund PSF Stock Index Portfolio	Seeks to achieve investment results that generally correspond to the performance of publicly-traded common stocks.	SIP ______%
AST Cohen & Steers Realty Portfolio	Seeks to maximize total return through investment in real estate securities.	CRS______%
JPMorgan Insurance Trust Small Cap Core Portfolio	Seeks capital growth over the long term.	SCC______%
Lazard Retirement Emerging Markets Equity Portfolio	Seeks long-term capital appreciation.	LEM ______%
Lazard Retirement International Equity Portfolio	Seeks long-term capital appreciation.	LIE ______%
Lazard Retirement US Small-Mid Cap Equity Portfolio	Seeks long-term capital appreciation.	SPO______%
Neuberger Berman AMT Sustainable Equity Portfolio	Seeks long-term growth of capital by investing primarily in securities of companies that meet the Fund's environmental, social and governance (ESG) criteria.	NGR ______%
PIMCO All Asset Portfolio	Seeks maximum real return, consistent with preservation of real capital and prudent investment management.	PAA ______%
PIMCO Total Return Portfolio	Seeks maximum total return, consistent with preservation of capital and prudent investment management.	PTP______%
Templeton Global Bond VIP Fund	Seeks high current income, with capital appreciation as a secondary goal.	TGB______%
		TOTAL ______100%

*An investment in the Portfolio is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency.

4 Signature

Statement of Understanding/Consent—The following statements confirm that your Request Form accurately reflects your decision that GVUL is appropriate for you and your family. You may wish to consult your financial or tax advisor. Please sign below if you are in agreement with the following statements regarding Group Variable Universal LifeInsurance and its appropriateness for you
Note: We cannot process your application if you have not completed this section.

I understand that Group Variable Universal Life (GVUL) is a life insurance product. I have reviewed my need for life insurance. I have also reviewed my household income and budget, and have determined that the premium and other charges for Group Variable Universal Life are appropriate. I understand that cash value and the benefits provided under this Plan may vary based on the investment performance of Plan funds. Furthermore, I understand that a decrease in cash value may cause a lapse in the Certificate and loss of life insurance coverage. I have received and read the Group Variable Universal Life Prospectus. I understand that each investment option 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 Aon Securities Inc. or by Prudential Investment Management Services Inc. I have read and agree with the above statements of understanding. I further understand that Cost of Insurance charges will be deducted proportionately from the investment options comprising my certificate fund. In addition, any additional premium contributions will be according to the allocations indicated above, unless changed by me in writing.

X ______ ______ ______ ______

Signature of Member | Date | Daytime Telephone No. | Email Address

5 **Signature**

This change in allocation will replace any existing allocation, and will take effect on the business day it is received in Good Order, or on the next business day if received after 4:00 p.m., Eastern time. This allocation change remains in effect until written notice of a change is received in a form satisfactory to Prudential. I understand that each of the investment options has specific investment styles 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** ______________________________ | | | | | | | | | *month* *day* *year*
(if applicable)