



The Prudential Insurance Company of America
Pruco Life Insurance Company of New Jersey
Pruco Life Insurance Company
All are Prudential companies.
<http://lifeinsurance.prudential.com>

Quick Start Guide

What you'll find in this package

- *Life Insurance Claim Form* -- Please complete, sign and return this form to start the claim process.
- *Alliance Account information* -- We also explain this flexible, convenient option for receiving your claim proceeds throughout the package.

Note: On these pages, *I, you, and your* refer to the person making the claim. *We, us, and our* refer to the Prudential company that issued the policy.

To submit your claim, follow these steps:

1. Decide how to receive your funds

Be sure to select a payment option when you complete the form. Your options include:

- Open an interest-bearing Alliance Account that offers immediate access to your funds together with draft-writing privileges. When your claim is paid by way of the Alliance Account, you can take as much time as you need to consider important financial decisions, while earning interest. Additionally, accessing your funds is as simple as writing a draft to yourself or anyone else. (Certain businesses may have their own policies and procedures for accepting drafts.) The account begins earning interest from the day it is opened. You can leave the funds in your account for as long as you like, access any or all of your funds, and transfer funds to another available settlement option at no cost and at any time. Read more about the Alliance Account on pages 6-7 of the Life Insurance Claim Form for more information.
- Elect to receive a single lump sum check by mail.
- Select another payment option as described on page 8 of the form. If you would like more information on the payment options available to you, please call 800-496-1035 to request the *Your Options* brochure.

Note: You can also use proceeds to pay the funeral home directly. You must submit a copy of the funeral home assignment with the claim form to do so.

2. Complete the enclosed form

Fill out the enclosed *Life Insurance Claim Form* that begins on the next page. Please follow the instructions and provide all requested information for prompt claim processing.

The claim 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 the claim form, are acting as your fiduciary as defined by any applicable laws and regulations. Please consult with your qualified professional about managing or investing your retirement savings.

3. Return the signed claim form and supporting documentation

Please mail pages 1-4 of your claim form, as well as any additional documents that may be required, **including** a death certificate with a raised state seal to:

Regular mail
Prudential
Attention: Life Claims
P.O. Box 70174
Philadelphia, PA 19176

Express mail
Prudential
Attention: Life Claims
2101 Welsh Road
Dresher, PA 19025

What to expect after submitting your form

We're committed to processing your claim as quickly as possible. Once we receive and verify all your information, we're typically able to process a claim within 5-7 business days.



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Life Insurance Claim Form

GETTING STARTED: If you have any questions about completing this form, please refer to the instructions that begin on page 5 or contact us at 800-496-1035.

It's Prudential's responsibility to contact all named beneficiaries on the policies provided.

REMEMBER: Each beneficiary must complete and submit a separate claim form. Only one death certificate with a raised state seal is needed.

1. About You

Provide information about the beneficiary or claimant making the claim. Make sure to verify the Social Security Number (SSN), Tax Identification Number (TIN), or Employer Identification Number (EIN).

Name (First, Middle, Last) _____

Street Address _____ Apt/Suite (optional) _____

City, State, Zip _____

Home phone _____ Mobile phone _____ Email address _____

Relationship to deceased _____ Date of birth (mm/dd/yyyy) _____ SSN, TIN or EIN _____

I am the (check one):

- Beneficiary - Person named to receive funds from the policy
- Power of Attorney for beneficiary (Attach Power of Attorney documentation)
- Representative of the insured's estate (Attach a copy of proof of appointment)
- Trustee (Attach a copy of the trust agreement) Name of trust _____
 - Check if you are the sole trustee of a (ir)revocable trust, the trust can own/withdraw funds from life insurance policy, the trust is not a testamentary trust and the Alliance Account is the payment option selected.
 - Check if any beneficiaries are considered a "skip person" by the Internal Revenue Code. See instructions for more information.
- Legal guardian for the beneficiary (Attach a copy of the court order naming you as guardian)
If the beneficiary is a minor provide minor's name and date of birth.

See page 5 of the instructions for the information regarding the appropriate TIN or EIN.

First name _____ MI _____ Last name _____ Date of birth (mm/dd/yyyy) _____

Assignee (Specify amount you are claiming) _____

Other (Please specify) _____

Complete and return this page.
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Life Insurance Claim Form

2. About the Deceased

Provide information about the deceased. If you're not aware of any other names, leave that line blank.

Name (First, Middle, Last)

In order for us to identify additional policies, provide any other names by which the deceased may have been known (e.g., name changes)

Date of birth (mm/dd/yyyy)

Date of death (mm/dd/yyyy)

3. About the Policy

Provide all the policy number(s) for which you are making a claim. The policy number(s) will be an 8- or 9-digit number and may include letter prefixes (e.g., X12345678)

Policy number(s)

Policy number(s)

Policy number(s)

4. How to Receive Your Funds

In order to meet your specific needs, we offer several payment options for you to receive your life insurance death benefits.

Most Prudential policies offer several payment and settlement options that you should consider before making any election. If you would like detailed information about those options, please see pages 6-8 of this form or contact your Prudential Representative or customer service office at 800-496-1035. We also understand that this may be an emotionally challenging time in life and making financial decisions can seem overwhelming. To help make one decision easier for you, your eligible death claim benefits will be paid by the way of the Alliance Account (unless you elect an alternative payment or settlement option), where your money will earn interest until you're ready to make decisions about how to use the funds. For complete information and eligibility details about the Alliance Account, read pages 6 and 7 of this form. The minimum interest rate that will be paid on the Alliance Account will be no lower than 0.5% and may be as high as 3.5%. (The current rate, as of the date this form was mailed to you, is **3.00** %.) This rate may differ if you already have an existing open Alliance Account. The higher rate will prevail.

If you would like to select an alternative option, including a single lump sum check, indicate it here (as described in Understanding Your Options on Page 8 of the Instructions). Write your selection below:

For the Alliance Account settlement option, described on pages 6 and 7, please leave this line blank.

NOTE: You can also pay the funeral home directly. You must attach a copy of the funeral home assignment with this form to do so. Any remaining proceeds will be applied based on your selection above.

Complete and return this page.
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Life Insurance Claim Form

4. How to Receive Your Funds (continued)

Beneficiary Designation (for Alliance Account or other payment option)

Please complete the following if you selected a payment option other than the single lump sum check above. Any amount that remains payable upon your death will be paid to those below. If you do not designate any beneficiaries, or if all beneficiaries predecease you, any balance will be paid to your estate. NOTE: If the Alliance Account was selected as the payment option and will be owned by a Trust, a beneficiary cannot be named for the account. Successor Trustees must be named in the Trust Agreement.

Choose One:

- Pay my estate
- Pay beneficiary(ies) (Provide beneficiary information below)

Primary Beneficiary

 Name (First, MI, Last)

 Date of birth

 SSN, TIN or EIN

 Address

 Relationship to you

 Telephone

 Email address

Beneficiary 2

- Primary (% _____) Contingent (Contingent beneficiary will be paid if no primary beneficiary survives the insured.)

 Name (First, MI, Last)

 Date of birth

 SSN, TIN or EIN

 Address

 Relationship to you

 Telephone

 Email address

5. Tax Withholding Election (Applicable for qualified plan distributions)

Complete this section if you would like taxes withheld. If you do not make any elections, we will not withhold taxes unless required by law. Other alternatives and settlement options may require other tax forms. If needed, these will be sent to you.

- Withhold federal income taxes from the taxable portion of the payment.
- Withhold state income taxes from the taxable portion of the payment.

For additional information, see the Tax Withholding Election Information section in the Instructions and Disclosures on page 5.

Complete and return this page.
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6. Tax Certification

Please complete any applicable portions of (a) or (b) below. Make sure you have included your SSN/TIN in Section 1.

- (a) Under penalties of perjury, I certify that:
- I am a U.S. person (including resident alien);
 - The Social Security/Tax Identification Number provided in "Section 1: About You" on this form is my correct SSN/TIN;
 - I am not subject to FATCA reporting; and
 - I am not subject to backup withholding due to failure to report interest or dividend income (see "Backup Withholding" in the Tax Certification section).
- If you are subject to FATCA reporting or if you have been notified by the Internal Revenue Service that you are subject to backup withholding due to failure to report interest or dividend income, check the applicable box below:
- I am subject to FATCA reporting
- I am subject to backup withholding due to failure to report interest or dividend income
- (b) I am not a U.S. person (including resident alien). I am a citizen of _____.
- Attach the applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY).

7. Authorization to Release Information

I authorize Prudential or its authorized representatives to disclose policy and benefits information, including but not limited to the claim status and the amount of insurance benefit proceeds, in its explanation of benefits to beneficiaries, funeral home representatives, and assignees of the insurance benefits or in response to inquires from these individuals. For the purpose of processing and payment of claims in an efficient and prompt manner, I authorize Prudential to consolidate and disclose completed claim forms and documents to appropriate associates for each and every one of Prudential Financial, Inc.'s affiliates or business units for which a claim for payment or distribution is made.

8. Signature

I have read and agree to sections 1 through 7 and the Claim Fraud Warnings included in this form on page 9. By signing this form, I certify that information that I have provided is true and complete. I understand that there may be tax implications as a result of this request.

FLORIDA RESIDENTS - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any 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 purpose of misleading information concerning any fact material there to, commits a fraudulent insurance act, which is a crime and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

*

Beneficiary's or Claimant's signature

Date (mm/dd/yyyy)

To be completed by Prudential Representative

Check here to select Field Office Delivery

Representative's Name	Telephone Number	Contact Number	Field Office Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address to deliver proceeds (only needed if private or detached office)

Complete and return this page.
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