

Is the proposed insured or proposed owner considering the transfer or sale to a life settlement company or other investor of: policy ownership; or, any interest in the policy benefits, either directly as a named beneficiary or indirectly as a beneficiary or owner of a trust or other entity? Yes No

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? Yes No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? Yes No

Tax Certification

The policy owner is subject to backup withholding under section 3406 (a)(1)(c) of the Internal Revenue Code Yes No

The policy owner is subject to FATCA reporting.

Yes No

Beneficiaries

<u>Name</u>	<u>Relationship</u>	<u>Type</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Date of Trust _____	_____	_____

Type of Trust _____

Agent Report

Can we contact the client directly if more information is required by the carrier? Yes No

Source of funds used to pay premiums:

	Initial	Future
Current Income	<input type="checkbox"/>	<input type="checkbox"/>
CDs or savings	<input type="checkbox"/>	<input type="checkbox"/>
Mutual funds or brokerage account	<input type="checkbox"/>	<input type="checkbox"/>
Existing life insurance policy(ies) or annuity contract(s) 1035 Exchange	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, what is the policy number(s) for the source of the premiums?

Will any of the policies cease to exist? Yes No

What is the form of the proceeds for the above policy(ies)?

Accumulated dividends Loans Partial surrender or withdrawal

Is there interest in having the policy delivered electronically? Yes No

Is the proposed insured a prior client of yours? Yes No

Source of funds used to pay premiums: Current Income CDs or savings Mutual funds or brokerage account

Existing life insurance policy(ies) or annuity contract(s) 1035 Exchange Other

Has the client been issued a Prudential/Pruco policy within the past 3 months? Yes No

If so, What is the policy number that you would like to use the requirements/declaration from? _____

Has the health, mental or physical condition of the proposed insured changed since the answers and statements were given in the above application? Yes N/A

Is the Proposed Insured an active duty service member of the United States Armed Forces (including National Guard and Reserve)? Yes No

Is the policyowner, or the person to whom this policy was sold, an active duty service member of the United States Armed Forces (including National Guard and Reserve)? Yes No

I certify that:

- The solicitation or sale did NOT take place on a military base or other Department of Defense (DOD) installation;
- I have no knowledge of any factors which may have a negative effect on the proposed insured's insurability;
- I have given the Important Notice About Your Application for Insurance to the proposed insured;
- I provided the policyowner with the brochure What Every Consumer Should Know About Life Insurance and answered any questions they had about the purchase;
- If required by state regulation, I have read the Important Notice Regarding Replacement aloud to the applicant or the applicant did not wish the notice to be read aloud;
- If this is for the sale of a variable product: I have provided current copies of the Privacy Notice and the ID Verification Notice to all owner(s) and legal representative(s) and I have offered the client a choice of a paper prospectus, CD or an electronic prospectus and provided the client with their choice;
- If this is for the sale of an equity-indexed product: I have provided the owner(s) with the appropriate disclosures and marketing brochures, which highlight key features of the product;
- If this is a replacement: I have discussed the advantages and disadvantages of the replacement with the client and determined that the transaction is appropriate and I have completed the state-required replacement form(s);
- I have no other information, other than as previously reported, that the proposed insured has existing life insurance or annuities or that indicates this coverage may replace or change any current insurance or annuity in any company;
- If I become aware of a change in the health or habits of the proposed insured occurring after the date of the application but before policy delivery, I promise to inform the Company of the change and agree to withhold policy delivery until instructed by the company;
- CA: The CA Disclosure Statement was provided to the policyowner in accordance with CA Insurance Code section 789.8;
- NY: I have fully discussed and explained the life insurance features and charges including restrictions to the applicant. I represent that: (a) this life insurance is suitable and in the best interest of the applicant in accordance with New York Insurance Regulation 187, (b) at or before the time of recommendation, I provided to the applicant all disclosures required under New York insurance regulations, including disclosing, in a reasonable summary format, all relevant suitability considerations and product information, both favorable and unfavorable, that provided the basis for my recommendation, and (c) I have a reasonable basis to believe that the applicant has the financial ability to meet the financial commitments of the policy.
- PA: The Disclosure Statement as required by the Commonwealth of Pennsylvania Insurance Department was delivered to the policyowner;
- VT: If the policy applied for is a charitable gift, I have provided the Charitable Life Gifts Disclosure form to the proposed insured;
- All of the above statements are true and accurate.

Agent Signature: _____

I AGREE



GUIDE

Preparing for the Client Interview

WHAT YOU NEED TO HAVE, KNOW, AND DO.



Information gathered during the interview will be shared only with those who need it in order to determine your eligibility for life insurance and will be included in the policy.

Life insurance is issued by The Prudential Insurance Company of America, Newark, NJ, and its affiliates.

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Bring Your Challenges®

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Prudential offers clients the flexibility to choose between either a telephone interview or an eInterview to complete the interview process.



What to Expect

Telephone Interview

If you opted for a telephone interview, within 24 – 48 hours of completing your initial application, you will receive an automated message providing you with information needed to complete the phone interview. You will need to contact the Call Center at 800-778-4243 and can expect the interview to take 20 – 30 minutes depending on your health history. **Please have your policy number ready, if available.**

The Call Center is open Monday through Friday from 9:00 AM to 10:00 PM Eastern Time. Their busiest time is generally in the evening. If you contact them during that time and they are unable to take your call, you may need to call back or schedule an appointment.

eInterview

If you opted for an eInterview, as soon as your application is submitted, a link to the interview questions will be sent to you via email. You may answer them at your earliest convenience and at a comfortable pace. This service is user-friendly and accessible on multiple devices like laptops, tablets and desktops.

Before the interview, be sure to familiarize yourself with the interview topics and questions that may be asked. The more information you have ready, the more quickly the call can be completed. Please answer each question completely and truthfully. The information gathered during the interview will be used to determine your eligibility for life insurance and will be included in the policy.



Have This Information Available Prior to the Interview

- Last 4 digits of your Social Security Number.
- Your driver's license number, expiration date, and state of issue.
- The name, address, and phone number of your primary physician (or facility) and any medical specialists seen.
- Date (generally month and year) of your last visit to your primary physician and dates of recent visits to specialists.
- A list of medications you are taking.
- Employment history, earned income, unearned income (e.g., income outside of your salary, bonus, wages, and tips), and net worth (total assets minus liabilities) may be discussed.
- Details necessary to answer any of the questions listed in this brochure.

Non-Medical

- Will you live or travel outside of the United States in the next 12 months?
- Participation in any extreme sports or activities (e.g., motorized racing, SCUBA diving, mountain climbing, skydiving, bungee jumping).
- Questions about the status of your driver's license, including denials, suspensions, or being revoked.
- Questions about your driving history, including being convicted of or pleading guilty to driving under the influence or any moving violations.
- Information (including dates and frequency) about any current or prior use of tobacco or other nicotine products. This includes electronic cigarettes, clove cigarettes, etc.
- Questions related to criminal activity, dates, and convictions.

Insurance History

- Will this Prudential insurance policy replace an existing insurance policy or annuity with any company?
- What will happen to this policy as the result of the purchase of the new policy? Will you still be paying premiums on the old policy?
- Are you applying for or reinstating life insurance with any other company? If yes, what's the name of that company?
- Have you ever had life or health insurance declined, postponed, rated, or issued with an increased premium?
- Will you be making payments on your Prudential policy using out-of-pocket funds (i.e., paying premiums from your own funds or current income)?

Medical Information

- Current height and weight.
- For each medical condition: diagnosis date, medications, the doctor who treats you, and in some cases more specific details around tests completed, results of any testing done, etc.
- Date and reason for your most recent visit to your personal physician.
- If you've been hospitalized, or been advised to have surgery or medical procedures or tests.
- Drug use, including medicinal marijuana, alcohol/drug treatment, and/or counseling.
- Disability information including reason and start and end dates.

Family History

- Information about your parents' and siblings' health conditions. (Do they or did they have heart disease, cerebrovascular disease, diabetes, or cancer?)
- Details around which family member was diagnosed, what was the condition, and dates of death, if applicable, will be needed.
- Your parents' ages, if living, or the age they were when they died.



Sample Questions*

Has a member of the medical profession ever treated you for or diagnosed you with:

1. High blood pressure, chest pain, heart attack, coronary artery disease, heart valve disorder, heart murmur, irregular heartbeat, cerebrovascular disease, stroke, circulatory disease, aneurysm, or any disease of the heart or blood vessels?
2. Anemia or other abnormality of the blood (other than HIV)?
3. A polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma, or Hodgkin's disease?
4. Diabetes, high blood sugar, glucose intolerance, or other endocrine disorder?
5. Anxiety, depression, or any other mental or psychiatric illness?
6. An infection caused by the human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), AIDS-related complex (ARC), or any other sexually transmitted disease?
7. Asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis, or any other disorder of the lungs or respiratory system?
8. A seizure, epilepsy, multiple sclerosis, Parkinson's disease, muscular dystrophy, cerebral palsy, paralysis, Alzheimer's disease, or any other disorder of the brain or nervous system?
9. An ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease, or any other disorder of the esophagus, liver, stomach, or intestines?
10. Nephritis, polycystic kidney disease, or any other disorder of the bladder, kidney, urinary tract, or prostate?
11. Arthritis, gout, back trouble, or any disease or disorder of the joints, muscles, or bones?
12. Lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system?

**These questions are provided as examples. The questions on your interview may vary based on state guidelines. If the answer to any of the above questions is yes, then use the chart below to organize relevant details prior to your interview.*

MEDICAL CONDITION	DATE OF DIAGNOSIS	DATE OF LAST VISIT TO PHYSICIAN	MEDICATION/TREATMENT PRESCRIBED	NAME, ADDRESS, AND PHONE NUMBER OF TREATING PHYSICIAN AND/OR HOSPITAL

Life insurance is issued by The Prudential Insurance Company of America, Pruco Life Insurance Company (except in NY and/or NJ), and Pruco Life Insurance Company of New Jersey (in NY and/or NJ). All are Prudential Financial companies located in Newark, NJ. Each is solely responsible for its own financial condition and contractual obligations. Not all products, riders, benefits, and features are available in all states.

The availability of coverage and rates will vary based on company underwriting criteria including, but not limited to, age, sex, health history, smoking status, and residency.

Underwriting rules are subject to change at our discretion.

Guarantees are based on the claims-paying ability of the issuing insurance company.

Investment and Insurance Products:

Not Insured by FDIC, NCUSIF, or Any Federal Government Agency.
 May Lose Value. Not a Deposit of or Guaranteed by Any Bank,
 Credit Union, Bank Affiliate, or Credit Union Affiliate.