



- The Prudential Insurance Company of America
  - Pruco Life Insurance Company of New Jersey
- Both are Prudential companies*

POLICY NUMBER (IF KNOWN): \_\_\_\_\_

### INSTRUCTIONS

**TERM PRODUCTS:** Complete sections A-C and sections K-L.

**NON-TERM, NON-VARIABLE PRODUCTS:** Complete sections A-I and sections K-L.

**VARIABLE PRODUCTS:** Complete ALL sections.

#### A. POLICYOWNER'S AND PRIMARY PROPOSED INSURED'S NAME INFORMATION – Complete for all product types.

1. Name of policyowner: \_\_\_\_\_
2. Name of primary insured: \_\_\_\_\_

#### B. POLICYOWNER'S FINANCIAL OBJECTIVE – Complete for all product types.

Select up to two objectives. Indicate policyowner's primary financial objective below by checking the appropriate box in the Primary Financial Objective column. Generally, the financial objective for term insurance is protection/income replacement; however, for permanent coverage, other financial objectives could apply.

**Primary Financial Objective** (Required- select only one.)

**Secondary Financial Objective** (Optional- select only one.)

- |  |  |
|--|--|
| <input type="checkbox"/> Protection/Income Replacement | <input type="checkbox"/> Protection/Income Replacement |
| <input type="checkbox"/> Income                        | <input type="checkbox"/> Income                        |
| <input type="checkbox"/> Growth                        | <input type="checkbox"/> Growth                        |
| <input type="checkbox"/> Diversified                   |  |

1. **Protection/Income Replacement** – Seeks to preserve the value of the financial objective, including protection for beneficiaries against the loss of the insured's income, through all market conditions. Generally the financial objective for term insurance is Protection/Income Replacement, although this can also apply to permanent coverage.
2. **Income** – Seeks to earn income through holdings of bonds and income yielding securities.
3. **Growth** – Seeks to achieve growth of capital through an investment in securities.
4. **Diversified** – Financial objective options selected conform with recommendation of company approved Asset Allocation Model or 100% is allocated to the Conservative Balanced or Flexible Managed portfolio.

#### C. POLICYOWNER'S INCOME/EXPENSES/DURATION OF LIABILITIES – Complete all fields for all product types.

1. What are policyowner's monthly expenses (e.g., food, medical expenses, rent/mortgage, revolving debt, property taxes, transportation, utilities, entertainment and other recurring living expenses)? \$ \_\_\_\_\_  
Annual Income (1) \$ \_\_\_\_\_

(1) **Annual Income** – Policyowner's total annual income (earned and unearned), including salary, pension, investment returns, etc.

#### Duration of Liabilities - Please select at least one option below.

Please provide the amount of debt the policyowner is required to repay below for the indicated time periods. Debt includes mortgages, credit cards, loans, etc. For example, if the policyowner is in year 1 of a 20-year mortgage, the current balance should be noted on the "more than 10 years" line.

- None    Less than 5 years: \$ \_\_\_\_\_    Between 5 and 10 years: \$ \_\_\_\_\_    More than 10 years: \$ \_\_\_\_\_

#### D. POLICYOWNER'S EDUCATION/MARITAL STATUS/OCCUPATION – Complete for non-term product types only.

1. Education level (Check only highest level of education.):
 

<input type="checkbox"/> Attended primary/high school	<input type="checkbox"/> High school graduate	<input type="checkbox"/> Technical or vocational school
<input type="checkbox"/> Attended college	<input type="checkbox"/> College graduate	<input type="checkbox"/> Post graduate work
2. Employment Status (Check only one.):
 

Employed:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Yes
Not employed:	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed
3. Marital status:  Single     Married     Widowed     Separated     Divorced

**Complete if policyowner is other than the proposed insured.**

4. Occupation \_\_\_\_\_
5. Employer \_\_\_\_\_  
Street \_\_\_\_\_ Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



**E. POLICYOWNER'S HOUSEHOLD INCOME/WORTH/LIQUIDITY NEEDS** – Complete for non-term product types only.

1. What is the policyowner's:

Household Income (2) \$ \_\_\_\_\_ Net Worth (4) \$ \_\_\_\_\_  
Existing Assets (3) \$ \_\_\_\_\_ Liquid Net Worth (5) \$ \_\_\_\_\_

- (2) **Household Income** – Policyowner's household members' total annual income (earned and unearned) including salary, pension, investment returns, etc.
- (3) **Existing Assets** – For the policyowner (individual) it would be the total value of all possessions, such as stocks, bonds, bank accounts, mutual funds, life insurance cash value, real estate and other investments. This includes existing deferred variable annuities.
- (4) **Net Worth** – The value of the policyowner's assets minus liabilities. For an individual, it would be the total value of existing assets, such as stocks, bonds, bank accounts, mutual funds, cash value of life insurance, annuities, real estate, and other investments minus all outstanding liabilities such as a mortgage, loans, taxes and credit card balances.
- (5) **Liquid Net Worth** – That part of the policyowner's net worth held in cash or easily convertible to cash, such as money market fund shares, bank deposits or marketable securities.

**Liquidity Needs-Both questions must be completed in their entirety.**

- 1. After purchasing this policy will the policyowner have sufficient income and liquid assets to meet monthly living expenses (i.e. food, medical expenses, rent, revolving debt, taxes, transportation and utilities) in a financial emergency?  Yes  No
- 2. Does the policyowner anticipate negative material changes to any of the following (Select a response for each item below. Provide an explanation for each "Yes" response.):  
Annual Income  Yes  No \_\_\_\_\_  
Financial Situation and Needs  Yes  No \_\_\_\_\_  
Existing Assets  Yes  No \_\_\_\_\_  
Liquidity Needs  Yes  No \_\_\_\_\_  
Liquid Net Worth  Yes  No \_\_\_\_\_

**F. POLICYOWNER'S ADDITIONAL PAYMENT INFORMATION** – Complete for non-term product types only.

Policyowner's total first year payments planned in addition to scheduled/target premiums: \$ \_\_\_\_\_

**G. POLICYOWNER'S INVESTMENT EXPERIENCE** – Complete for non-term product types only.

Indicate the number of years of experience the policyowner has in any of the following that apply.

Equities \_\_\_\_\_ Bonds \_\_\_\_\_ Options \_\_\_\_\_ Futures \_\_\_\_\_ Mutual Funds \_\_\_\_\_ Annuity/Life \_\_\_\_\_  None

**H. POLICYOWNER'S TAX BRACKET** – Complete for non-term product types only.

Policyowner's current federal tax bracket:  10%  12%  22%  24%  32%  35%  37%

**I. POLICYOWNER'S RISK TOLERANCE** – Complete for non-term product types only.

- Conservative** – Prefer little risk and low volatility in return for accepting potentially lower returns. Minimizing exposure of principal to loss or fluctuation is very important.
- Moderately Conservative** – Willing to take some risk to seek enhanced returns. Reduced exposure of principal to loss or fluctuation is important.
- Moderate** – Willing to assume an average amount of market risk and volatility—or loss of principal—to achieve higher returns.
- Moderately Aggressive** – Willing to assume an above-average amount of risk and volatility—or loss of principal—to take advantage of potentially higher return opportunities.
- Aggressive** – Willing to sustain substantial volatility—or loss of principal—and assume a high level of risk in pursuing higher returns.

**J. POLICYOWNER'S VARIABLE PRODUCT ATTESTATIONS** – A response is required for each question - variable product types only.

If I applied for variable life insurance, I acknowledge the following:

- 1. This application is submitted for the purchase of life insurance.  Yes  No
- 2. Premiums are payable on this policy for the duration of the policy, but that the policy offers the flexibility of paying premiums more or less frequently.  Yes  No
- 3. The flexibility of premium payments offered by this policy is not a guarantee that the need to make premium payments will stop or abbreviate automatically at some point in the future.  Yes  No
- 4. Willing to assume an above-average amount of risk and volatility or loss of principal to take advantage of potentially higher return opportunities.  Yes  No
- 5. The policy's cash values and death benefits can be lower if the policyowner pays premiums less frequently, or late, or in smaller amounts.  Yes  No
- 6. The policyowner is an associate of a broker/dealer.  Yes  No

**K. PRODUCER RECOMMENDATION** – Check the box below that corresponds to the product type recommended.

For the producer only. Please provide the reason you are recommending this transaction and list any other information provided by the consumer which, in your reasonable judgment, is relevant to the suitability of the transaction.

Product type recommended (check applicable box)	Favorable Characteristics	Non-favorable Characteristics
<input type="checkbox"/> Term	<ul style="list-style-type: none"> <li>• Low cost</li> <li>• Product simplicity</li> <li>• Convertibility options</li> <li>• Guaranteed level premium</li> <li>• Availability of policy rider options</li> </ul>	<ul style="list-style-type: none"> <li>• Limited duration of coverage</li> <li>• No cash value accumulation</li> <li>• Premiums increase after level period</li> </ul>
<input type="checkbox"/> Universal	<ul style="list-style-type: none"> <li>• Flexible premiums</li> <li>• Cost-effective permanent life insurance</li> <li>• Availability of policy rider options</li> <li>• Builds cash value</li> <li>• Adjustable No-Lapse Guarantee period up to lifetime</li> <li>• Variety of death benefit options</li> <li>• If Indexed UL, owner can designate funds to the Index investment option</li> </ul>	<ul style="list-style-type: none"> <li>• Higher cost than Term insurance</li> <li>• Product complexity</li> <li>• Surrender charges and sales loads</li> </ul>
<input type="checkbox"/> Variable	<ul style="list-style-type: none"> <li>• Flexible premiums</li> <li>• Owner can designate investment funds</li> <li>• Availability of policy rider options</li> <li>• Builds cash value</li> <li>• Adjustable No-Lapse Guarantee period up to lifetime</li> <li>• Potential to build higher cash value</li> <li>• Variety of death benefit options</li> </ul>	<ul style="list-style-type: none"> <li>• Higher cost than Term insurance</li> <li>• Product complexity</li> <li>• Surrender charges and sales loads</li> <li>• Market risk</li> </ul>

Describe the reason for your recommendation here. Include the intended use of the policy and riders. We cannot accept "None," "N/A," and blank responses.

---



---



---

**L. POLICYOWNER'S AGREEMENTS/ATTESTATIONS**

For the policyowner only. I acknowledge that:

- I believe this contract meets my insurance needs and financial objectives.
- I am willing to accept non-guaranteed elements in the policy, including variability in premium, cash value, death benefit, or fees.
- An illustration of values is available upon request.
- I am in receipt of a current prospectus for the contract, if applicable.
- If I elected the S&P 500® Indexed Account Rider, I have received the prospectus supplement.
- I have reviewed the primary purpose of this insurance transaction with my producer and identified the source of funds I will be using to pay for the premiums on this policy.
- My producer has reviewed with me the information about the type of product I am purchasing, both favorable and non-favorable, as described in the Producer Recommendation section.

Signature of Proposed Insured X \_\_\_\_\_ Date Signed \_\_\_\_\_  
*(Parent/Guardian when proposed insured age is less than 18.)*

Signature of Policyowner X \_\_\_\_\_ Date Signed \_\_\_\_\_  
*(If other than the proposed insured. [Parent/Guardian when proposed insured age is less than 18.]*

Signature of Producer X \_\_\_\_\_ Date Signed \_\_\_\_\_