



If requesting a collateral assignment, please complete the Notification of Collateral Assignment form. Not available with Fixed Indexed Annuities. If requesting an ownership, annuitant, or beneficiary change as the result of a divorce, please complete the Notification of Divorce and Division Form.

## SECTIONS INCLUDED ON THIS FORM

|   |  |
|---|--|
| Reporting a name change                         | <p>Read and complete Section 1, Section 2 and Section 10.</p> <ul style="list-style-type: none"> <li>Be sure to attach a copy of proper legal documentation (i.e. divorce decree, driver's license, marriage certificate).</li> </ul>  |
| Changing the Ownership                          | <p>Read and complete Section 1, Section 3 and Section 10.</p> <ul style="list-style-type: none"> <li>If the new owner is a Grantor Trust, Charitable Remainder Trust, or other trust, please complete the Certificate of Entity Ownership for Trusts Only form.</li> <li>If the new owner is an Employer Sponsored Qualified Plan or Non-Qualified Deferred Compensation Plan, please complete the Certificate of Entity Ownership and Trustee Acknowledgement for an Employer Sponsored Plan Only form. Not available with Fixed Annuity, or Fixed Indexed Annuities or FlexGuard®.</li> <li>If the new owner is a: Limited Liability Company (LLC), Corporation, Partnership, Non-profit Organization, please complete the "Certificate of Entity Ownership for Businesses, Charities or other Non-Qualified Entities" form. These Entity types are permitted to be the Owner on FlexGuard, PruSecure® suite or SurePath<sup>SM</sup> annuities where no living benefits are elected.</li> <li>If the current owner is an irrevocable non-grantor trust not subject to IRC Section 72(u), the new owner is the current annuitant who is a trust beneficiary, and your intent is to terminate the trust and distribute the contract in question in its entirety to the indicated trust beneficiary without liquidating the contract, please contact the Annuities Service Center to obtain an Indemnification.</li> <li>Form for Change of Ownership from Trust to Trust Beneficiary that will be required in addition to this Annuity Change Form.</li> <li><b>When the Ownership of a contract is changed, if a new beneficiary is not elected at the time of the ownership change, the beneficiary will be changed to The Estate.</b></li> <li>Please note that Ownership changes are not allowed for Beneficiary Annuity (and Beneficiary Continuation Option) contracts.</li> <li>We no longer permit optional benefits on Annuities owned by the following entity types: Corporation, Non-profit Corporation, Limited Liability Company (LLC), Partnership, Endowment, and Omnibus Qualified Plan (pooled account).</li> </ul> <p>Changing the ownership/annuitant could affect your Death Benefit Value and certain Optional or Living Benefits that you already have in place on your Contract. An ownership change could result in the termination of your Optional or Living Benefit. For the Prudential Defined Income Variable Annuity, a change to the Owner/Annuitant may cause the benefit to terminate, and you would lose all associated benefits. If this were to occur, the Death Benefit would equal the Account Value. For those with Fixed or Fixed Indexed Annuities that have a Living Benefit, a change of ownership may result in the benefit being cancelled. For all changes, please refer to your Annuity Contract, Prospectus and/or Disclosure Statement for more information.</p> |
| Changing the Beneficiary(ies)                   | <p>Read and complete Section 1, Section 4 and Section 10.</p>  |
| Changing the Annuitant                          | <p>Read and complete Section 1, Section 5 and Section 10.</p> <ul style="list-style-type: none"> <li>Please note that Annuitant changes are not allowed for Beneficiary Annuity (and Beneficiary Continuation Option) contracts.</li> </ul> <p>Changing the ownership/annuitant could affect your Death Benefit Value and certain Optional or Living Benefits that you already have in place on your Contract. An ownership change could result in the termination of your Optional or Living Benefit. For the Prudential Defined Income Variable Annuity, a change to the Owner/Annuitant may cause the benefit to terminate, and you would lose all associated benefits. If this were to occur, the Death Benefit would equal the Account Value. For those with Fixed or Fixed Indexed Annuities that have a Living Benefit, a change of ownership may result in the benefit being cancelled. For all changes, please refer to your Annuity Contract, Prospectus and/or Disclosure Statement for more information.</p>   |
| Changing the Broker Dealer/ Firm/Representative | <p>Read and complete Section 1, Section 8 and Section 10.</p> <ul style="list-style-type: none"> <li>If you would like your financial professional to receive authorization, complete Section 9.</li> <li>Not for use in the state of New York. Please complete the Limited Power of Attorney Form.</li> </ul>   |

### IMPORTANT

If contract is trust owned, a valid Certificate of Entity Ownership form or Trust Authorization Form is needed on file for this request to be processed. If needed, the Trust Authorization Form can be obtained by calling the Annuities Service Center.

# Annuity Change Form

**COMPLETE  
ONLINE!**

- Address
- Email
- Telephone

Did you know that you can update your email, home address, phone number, and view your annuity account details all online?

Simply log in to view your account at <https://www.prudential.com/annuities>.

If you haven't registered your account online, follow the link above and register as a first-time user. Be sure to have your Contract Number on hand for the registration process. Once you register your account, you can access it online – 24x7. And that's not all... we will be rolling out additional enhancements soon to help make managing your account online even easier!

## 1. OWNERSHIP INFORMATION

Annuity Number

Owner Name (First, Middle, Last Name)

Street address

City

State

Zip

Home Phone

Mobile Phone

Email Address

Joint Owner Name (First, Middle, Last Name - If applicable)

### IMPORTANT INFORMATION THAT MAY IMPACT YOU:

DO YOU LIVE IN A COMMUNITY PROPERTY STATE? **AZ, CA, ID, LA, NV, NM, TX, WA, WI**

*If you are the owner of this contract and reside in one of the states listed above and want to change the ownership, beneficiary or assignment on this contract, your spouse's consent is required by Law and your spouse must sign as Party-in-Interest in Section 10.*

*If the change is a result of marriage, divorce, or death, we require a copy of your marriage certificate, Notification of Divorce and Division Form, or death certificate.*

Please send me periodic service alerts via text message.

*By checking the box above, you are agreeing to receive periodic service alerts from Prudential, each of which may be delivered to your mobile phone using an automated system. Message frequency may vary. Standard Message and Data Rates may apply to any SMS or MMS you send or receive as part of this program. At any time, you may reply to a text with "STOP" to cancel future notifications. Terms and Privacy Policy at [www.prudential.com/prualertstandc](http://www.prudential.com/prualertstandc).*

If we require additional information to complete this request, please indicate who Prudential should contact:

Owner       Financial Professional

## 2. NAME CHANGE

Attach a copy of the proper legal documentation (*i.e. divorce decree, driver's license, marriage certificate*) and sign Section 10.

**Choose one:**    Owner    Annuitant or Insured      **Reason for the name change:**    Marriage    Divorce    Other

**FROM:** Previous Name

**TO:** New Name



### 3. OWNERSHIP CHANGE (Deferred Annuities Only) (continued)

If the annuitant is currently on a systematic withdrawal program, would you like to keep the program running?  YES  NO

If "YES"  Check to address of record

EFT, please contact the Annuity Service Center for an Electronic Funds Transfer (EFT) form.

Please send me periodic service alerts via text message.

*By checking the box above, you are agreeing to receive periodic service alerts from Prudential, each of which may be delivered to your mobile phone using an automated system. Message frequency may vary. Standard Message and Data Rates may apply to any SMS or MMS you send or receive as part of this program. At any time, you may reply to a text with "STOP" to cancel future notifications. Terms and Privacy Policy at [www.prudential.com/prualertstandc](http://www.prudential.com/prualertstandc).*

Delete Joint Owner

\_\_\_\_\_  
New Joint/Co-Owner Name (First, Middle, Last, Suffix, Trust or Custodian)

\_\_\_\_\_  
Social Security Number (all 9 digits required) or Tax ID

\_\_\_\_\_  
Date of birth (mm/dd/yyyy)

Male  Female

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Mobile phone

\_\_\_\_\_  
Email address

Relationship of New Joint/Co-Owner to Current Owner \_\_\_\_\_

### 4. BENEFICIARY CHANGE (All fields below must be completed.)

- **Primary beneficiaries** are first in line to receive proceeds when the owner or annuitant dies. If a primary beneficiary dies before the owner or annuitant, the other primaries will split proceeds equally (*unless you request otherwise*). If no beneficiary class is selected, we will assume that specific beneficiary belongs in the primary class. Any beneficiaries listed on this form will replace existing beneficiaries on file.
- **Contingent beneficiaries** are second in line if no primary beneficiaries are living when the owner or annuitant dies. If you'd like to name tertiary beneficiaries (*who are third in line if no primary or contingent beneficiaries are living*), please provide the tertiary beneficiaries in Section 6.
- If you'd like to name 1-3 beneficiaries, **provide their information below and move to the next section. Required fields are marked with an asterisk (\*)**. If you know the information for the other items, please provide them to enable easier communication in the future (*i.e. at the time of the claim*).
- If you'd like to name more than 3 beneficiaries, please use additional copies of page 4 to ensure all required information is provided.
- Unless you request otherwise, our default option is to pay proceeds to beneficiaries of the same class in equal shares. If you prefer, you can instead specify percentages to each beneficiary of the same class, or use Section 6 to make an alternative request. If you provide percentages, all beneficiaries in the same class must total 100%.
- If you name the estate of the insured as a beneficiary, you may not name any beneficiaries in any lower classes. For instance, if the estate is a primary beneficiary you may name additional primary beneficiaries but there will be no contingent beneficiaries permitted.
- For contract owners with a spousal benefit, if you elect a non-spouse primary beneficiary, this may impact the features of the benefit. For example, the surviving spouse will no longer be able to continue the contract and the spousal benefit will terminate upon the death of the contract owner/annuitant. For MyRock<sup>SM</sup> Advisors Series Variable Annuity and Prudential Fixed Annuity with living or income benefits, upon the removal of a spouse as primary beneficiary, the spousal benefit will update to the single designated life payout rate. Please see your contract and/or prospectus and disclosure statement for details.

## 4. BENEFICIARY CHANGE (All fields below must be completed.) (continued)

|   |   |
|---|---|
| <b>A. Beneficiary class*:</b><br>(choose only one)<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent   | <b>B. Beneficiary will receive*:</b> (choose only one)<br><input type="checkbox"/> Equal shares (default-- all beneficiaries in the same class will split proceeds evenly)<br><input type="checkbox"/> Specific %: _____ . _____ %  |
| <b>C. Type*:</b> (choose one)<br><input type="checkbox"/> Individual<br>(Complete C1)<br><input type="checkbox"/> Estate of the Insured<br><input type="checkbox"/> Revocable Trust<br>(Complete C2)<br><input type="checkbox"/> Irrevocable Trust<br>(Complete C2)<br><input type="checkbox"/> Other (see Section 6) | <b>C1. First Name*</b> _____ Mid Intl _____<br><b>Last Name*</b> _____<br><b>Relationship to Insured*</b> _____ <b>Date of Birth</b> _____<br><input type="checkbox"/> If this beneficiary dies before insured, pay proceeds to their children by representation <sup>0</sup> |
|   | <b>C2. Trust Name*</b> _____<br><b>Name of Current Trustee(s)*:</b> _____<br><b>Date of Trust*:</b> _____ / _____ / _____   |
| <b>Optional Information:</b><br>_____<br>Social Security Number (or Tax ID) Phone Number Email Address<br>_____<br>Street address City State Zip  |   |

|   |   |
|---|---|
| <b>A. Beneficiary class*:</b><br>(choose only one)<br><input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent   | <b>B. Beneficiary will receive*:</b> (choose only one)<br><input type="checkbox"/> Equal shares (default-- all beneficiaries in the same class will split proceeds evenly)<br><input type="checkbox"/> Specific %: _____ . _____ %  |
| <b>C. Type*:</b> (choose one)<br><input type="checkbox"/> Individual<br>(Complete C1)<br><input type="checkbox"/> Estate of the Insured<br><input type="checkbox"/> Revocable Trust<br>(Complete C2)<br><input type="checkbox"/> Irrevocable Trust<br>(Complete C2)<br><input type="checkbox"/> Other (see Section 6) | <b>C1. First Name*</b> _____ Mid Intl _____<br><b>Last Name*</b> _____<br><b>Relationship to Insured*</b> _____ <b>Date of Birth</b> _____<br><input type="checkbox"/> If this beneficiary dies before insured, pay proceeds to their children by representation <sup>0</sup> |
|   | <b>C2. Trust Name*</b> _____<br><b>Name of Current Trustee(s)*:</b> _____<br><b>Date of Trust*:</b> _____ / _____ / _____   |
| <b>Optional Information:</b><br>_____<br>Social Security Number (or Tax ID) Phone Number Email Address<br>_____<br>Street address City State Zip  |   |

<sup>0</sup>We do not accept beneficiary designations of "per stirpes," "issue," or "descendants". Instead, we use "children by representation" when requested, as defined below: If a beneficiary is not living and therefore not eligible to receive payment, any such beneficiary's share will be distributed equally to their surviving children.

## 4. BENEFICIARY CHANGE (All fields below must be completed.) (continued)

|  |   |
|--|---|
| <b>A. Beneficiary class*:</b><br><i>(choose only one)</i><br><input type="checkbox"/> Primary<br><input type="checkbox"/> Contingent   | <b>B. Beneficiary will receive*:</b> <i>(choose only one)</i><br><input type="checkbox"/> Equal shares <i>(default-- all beneficiaries in the same class will split proceeds evenly)</i><br><input type="checkbox"/> Specific %: _____ ■ _____%                               |
| <b>C. Type*:</b> <i>(choose one)</i><br><input type="checkbox"/> Individual<br><i>(Complete C1)</i><br><input type="checkbox"/> Estate of the Insured<br><input type="checkbox"/> Revocable Trust<br><i>(Complete C2)</i><br><input type="checkbox"/> Irrevocable Trust<br><i>(Complete C2)</i><br><input type="checkbox"/> Other <i>(see Section 6)</i> | <b>C1. First Name*</b> _____ Mid Intl _____<br><b>Last Name*</b> _____<br><b>Relationship to Insured*</b> _____ <b>Date of Birth</b> _____<br><input type="checkbox"/> If this beneficiary dies before insured, pay proceeds to their children by representation <sup>0</sup> |
|  | <b>C2. Trust Name*</b> _____<br><b>Name of Current Trustee(s)*:</b> _____<br><b>Date of Trust*:</b> _____ / _____ / _____   |
| <b>Optional Information:</b><br>_____<br>Social Security Number (or Tax ID)    Phone Number    Email Address<br>_____<br>Street address    City    State    Zip  |   |

<sup>0</sup>We do not accept beneficiary designations of "per stirpes," "issue," or "descendants". Instead, we use "children by representation" when requested, as defined below: If a beneficiary is not living and therefore not eligible to receive payment, any such beneficiary's share will be distributed equally to their surviving children.

## 5. ANNUITANT CHANGE (Deferred Annuities Only)

The annuitant cannot be changed on entity-owned contracts and/or if this contract includes certain optional benefits. There may be additional restrictions to the annuitant designations dependant upon the type of ownership indicated in Section 3. Please see the Certificate of Entity Ownership form for more information.

### Supplement for Annuitant Changes

The Premier, Premier Retirement, Premier Investment Series, Fixed and Fixed Indexed Annuities, FlexGuard, FlexGuard Income and MyRock Series Variable Annuities provide the owner(s) the ability to change the current annuitant and/or add a contingent annuitant or joint annuitant, if applicable, during the life of the contract. This form is to be used to facilitate these requests for the above products only.

As a result of the death of a sole annuitant, you, the owner, automatically become the new annuitant.

|  |                            |                               |                                 |
|--|----------------------------|-------------------------------|---------------------------------|
|  |                            |                               |                                 |
| New Annuitant Name (First, Middle, Last Name)            |                            |                               |                                 |
|  |                            | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Social Security Number (all 9 digits required) or Tax ID | Date of Birth (mm/dd/yyyy) |                               |                                 |
|  |                            |                               |                                 |
| Street Address   | City                       | State                         | Zip                             |
|  |                            |                               |                                 |
| Home phone   | Mobile phone               | Email address                 |                                 |

## 5. ANNUITANT CHANGE (Deferred Annuities Only) (continued)

\_\_\_\_\_  
Joint Annuitant Name (First, Middle, Last Name)

\_\_\_\_\_  
Social Security Number (all 9 digits required) or Tax ID

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)  Male  Female

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Mobile phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
New Joint Annuitant Name (First, Middle, Last Name)

\_\_\_\_\_  
Social Security Number (all 9 digits required) or Tax ID

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)  Male  Female

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Mobile phone

\_\_\_\_\_  
Email address

Delete Joint/Contingent Annuitant

## 6. SPECIAL REMARKS / ADDITIONAL BENEFICIARY REQUESTS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 7. LIVING BENEFIT SINGLE/SPOUSAL DESIGNATED LIFE /PROTECTED LIFE BASIS CHANGE

**For owners of MyRock Series Variable Annuities, FlexGuard Income and the Prudential Fixed Annuity with Income Benefits**

Owners who have not taken a Lifetime/Income Withdrawal, can elect to have their Income Amount calculated on a Designated Life/Protected Life basis or a Spousal Designated Life/Joint Protected Life basis. This election can be changed until the first Lifetime/Income Withdrawal is processed. For any such election, the contract's owner, annuitant, and beneficiary designations must comply with the requirements of the Benefit.\*

Please choose a benefit election below. If this section is not completed, your request does not comply with the applicable designation requirements, or a Lifetime/Income Withdrawal, has already been taken, the election in effect will not be changed.

- Calculate my Guaranteed Income Amount /Annual Income Amount on a Single Designated Life/Protected Life basis.
- Calculate my Guaranteed Income Amount /Annual Income Amount on a Spousal Designated Life/Joint Protected Life basis.  
(You must provide your spouse's name and date of birth in mm/dd/yyyy format below.)

\_\_\_\_\_  
Name of Spouse

\_\_\_\_\_  
Spouse's Date of Birth (mm/dd/yyyy)

\*Please refer to the prospectus or disclosure statement for details. To change the beneficiary for your contract, please submit the Annuity Beneficiary Change Form or the Annuity Change Form.

## 8. NEW BROKER DEALER/FIRM/REPRESENTATIVE

New Broker Dealer/Firm Name \_\_\_\_\_

\_\_\_\_\_  
Representative Branch Street Address City State Zip

Broker Dealer Account Number For Linking Purposes (if applicable): \_\_\_\_\_

House Account (for Broker Dealer/Firm/Representative ONLY)

Representative Name (First, Middle, Last Name) \_\_\_\_\_

Social Security (Last 4 digits only) \_\_\_\_\_

Role:  Servicing  Writing Split Percentage \_\_\_\_\_ %

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Prudential Representative Agent ID: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Additional Representative Name (First, Middle, Last Name) \_\_\_\_\_

Social Security (Last 4 digits only) \_\_\_\_\_

Role:  Servicing  Writing Split Percentage \_\_\_\_\_ %

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Prudential Representative Agent ID: \_\_\_\_\_ E-Mail: \_\_\_\_\_

NOTE: If there are additional representatives please indicate them on an additional piece of paper.

For contracts with a resident state of Maryland, if completing this section and electing a new Broker Dealer/Firm/Representative, the new Financial Professional signature(s) are required.

## 9. FINANCIAL PROFESSIONAL AUTHORIZATION

This section is required to be completed when making an ownership change and you will want your financial professional to retain or receive authorization. If not checked, we will assume your answer is "YES" (except in FL, NV and UT, where we will assume your answer is "NO") and you consent to all designated activities. For NY, a Limited Power of Attorney form is required in addition. For definitions, see below.

Do you authorize your financial professional to perform any of the designated activities below?  YES  NO

Please indicate what designated activities you authorize your Financial Professional to have:

Perform Account Maintenance  Provide Investment/Allocation Instructions

Neither Prudential nor any person authorized by Prudential will be responsible for, and agree to indemnify and hold Prudential harmless from and against, any claim, loss, taxes, penalties or any other liability or damages in connection with, or arising out of, any act or omission if we acted on an authorized individual's instructions in good faith and in reliance on this Authorization.

The designated activities are defined as follows:

### Definitions:

**Perform Account Maintenance** – is currently limited to the following: changes to the Address-of-Record for the Owner(s), termination of a Systematic Investment program or termination of a Systematic Withdrawal program. Additional maintenance activities may be available in the future. For MyRock Series Variable Annuities with Optional Living Benefits, Prudential Fixed Annuity with Daily Advantage Income Benefit and FlexGuard Income this includes the ability to change election from Single to Spousal (or vice versa) Designated or Protected Life/Lives basis.

**Providing Investment/Allocation Instructions** – "Investment Allocation Instructions" includes all activities, which affect the investment of your Account Value, Life Income Base, in the Sub-accounts and Interest Crediting Strategies available (please consult your Prospectus or Disclosure Statement). These activities include: transfers between Sub-accounts and reallocations among Interest Crediting Strategies; changes in Standing Allocation instructions for additional purchase payments; initiating, terminating or making changes to allocation instructions, where applicable, for Optional Programs such as: Systematic Withdrawals, Auto Rebalancing, any Asset Allocation model/program, Dollar Cost Averaging and Fixed Account renewal.

You are advised to consult your annuity contract, Financial Professional, Prospectus or Disclosure Statement with any questions regarding the terms used above, or contact Prudential with any questions.



## 10. SIGNATURES

**Partial Exchange:** Through Revenue Rulings, the IRS has approved a tax-free §1035 exchange of 1) an entire annuity contract into an existing annuity contract., or 2) a portion of an annuity contract (*indicating that basis in the two contracts should be allocated pro-rata based on the cash value transferred to the new contract*).

The direct transfer of a portion of the cash surrender value of an existing annuity contract for another annuity contract, regardless of whether the annuity contracts are issued by the same or different companies, will be treated as a tax-free §1035 exchange if no distributions are made from either of the two contracts for 180 days following the date of the transfer. If a distribution from either contract occurs during the 180-day period following the date of the transfer, the IRS will apply general tax principles to determine the substance and treatment of the transfer.

If you are signing on behalf of an individual or entity in the capacity of Attorney-In-Fact, Trustee or Authorized Individual the proper authorization must be on file or submitted with this request. See below for additional signature requirements.

By completing one or more sections of this form and signing below, I certify that the information provided herein is true and complete. I further represent that I have full rights and authority to make the change(s) requested, and that no third party has a claim or interest in the contract, nor has the contract been assigned, pledged as security or transferred to a third party. Changes requested pursuant to this form are effective as of the date Prudential receives and accepts this completed and signed form and any other documentation required by Prudential in good order as determined by Prudential. For the PruSecure, PruSecure Advisor, PruSecure Select, SurePath, SurePath Income, Prudential Fixed Annuity, MyRock and FlexGuard Income products, changes requested pursuant to this form are effective as of the date this form is signed.

By completing Section 5 and signing below, the new Annuitant acknowledges they have no ownership rights or privileges under the annuity listed in Section 1.

By completing Section 3 and signing below, the current Owner(s) acknowledges that all ownership rights and privileges under the annuity listed in Section 1 will be relinquished and transferred to the new Owner(s). Further, by signing below the new Owner(s) acknowledges and accepts all ownership rights, privileges and obligations.

I/We, as the proposed new owner/annuitant, acknowledge and represent that I/We have not been offered “free insurance” or any inducement such as a cash payment, gifts, loan proceeds in excess of the amount to fund the annuity contract, or anything else of value as an encouragement to become the new owner/annuitant on this annuity contract;

I/We, as the proposed new owner/annuitant, acknowledge and represent that I/We have not been solicited to sell or transfer, or had discussions about selling or transferring this annuity contract to a life settlement company or third party investors in the next five years;

I/We, as the proposed new owner/annuitant, acknowledge and represent that I/We have not entered into or been offered a financing arrangement where a lender or other third party, other than your employer or family member, will receive any portion of the death benefit of the annuity contract.

**For Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

# 10. SIGNATURES *(continued)*

**OWNER'S TAX CERTIFICATION (Substitute Form W-9) - To be completed only by U.S. persons (including U.S. citizens and resident aliens).** If not a U.S. person, you are required to submit the applicable IRS Form W-8 series.

Social Security Number or Employer Identification Number \_\_\_\_\_

Under penalties of perjury, I certify that the taxpayer identification number listed on this form is my correct SSN/EIN and I am a U.S. citizen or other U.S. person *(including resident aliens)*. I further certify that I am exempt from backup withholding and/or FATCA reporting unless I check the applicable box(es) below:

- I have been notified by the Internal Revenue Service that I am subject to backup withholding due to the failure to report all interest or dividends. Prudential is required to withhold income tax on any payments which include interest and dividends when the owner is subject to backup withholding.
- I am subject to the reporting requirements of the Foreign Account Tax Compliance Act (FATCA).

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

**SIGN HERE** ➔

\_\_\_\_\_  
Current Owner Signature *(Designation, if applicable)*

\_\_\_\_\_  
Date of Signature *(mm/dd/yyyy)*

**SIGN HERE** ➔

\_\_\_\_\_  
Current Joint/Co-Owner Signature

\_\_\_\_\_  
Date of Signature *(mm/dd/yyyy)*

**SIGN HERE** ➔

\_\_\_\_\_  
New Owner Signature *(Designation, if applicable)*

\_\_\_\_\_  
Date of Signature *(mm/dd/yyyy)*

**SIGN HERE** ➔

\_\_\_\_\_  
New Joint/Co-Owner Signature

\_\_\_\_\_  
Date of Signature *(mm/dd/yyyy)*

**SIGN HERE** ➔

\_\_\_\_\_  
New Annuitant Signature *(Designation, if applicable)*

\_\_\_\_\_  
Date of Signature *(mm/dd/yyyy)*

**SIGN HERE** ➔

\_\_\_\_\_  
Party-In-Interest Signature *(if applicable)*

\_\_\_\_\_  
Date of Signature *(mm/dd/yyyy)*

**SIGN HERE** ➔

\_\_\_\_\_  
Resigning Custodial/Releasing Company *(Designation required)*

\_\_\_\_\_  
Date of Signature *(mm/dd/yyyy)*

**SIGN HERE** ➔

\_\_\_\_\_  
Accepting Custodial/Releasing Company *(if applicable) (Designation required)*

\_\_\_\_\_  
Date of Signature *(mm/dd/yyyy)*

**For Massachusetts' residents - state law requires that a disinterested adult who is not a party to the contract witness any request to change the beneficiary arrangement. Note: Your Investment Professional can sign as a witness.**

**SIGN HERE** ➔

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date of Signature *(mm/dd/yyyy)*

**For contracts with a resident state of Maryland, if completing Section 8 and electing a new Broker Dealer/Firm/Representative, the new Financial Professional signature(s) are required.**

**SIGN HERE** ➔

\_\_\_\_\_  
Financial Professional Signature

\_\_\_\_\_  
Date of Signature *(mm/dd/yyyy)*

**SIGN HERE** ➔

\_\_\_\_\_  
Financial Professional Signature

\_\_\_\_\_  
Date of Signature *(mm/dd/yyyy)*

## ADDITIONAL SIGNATURE REQUIREMENTS

**Owner/Interested Party Signature Requirements** – For all entity owners: a Prudential Certificate of Entity Ownership form or Trust Authorization Form must be submitted.

**Corporate Owner** – Must be signed by an officer other than the insured/annuitant. A Corporate Resolution showing authority will be required. The officer signing must sign and provide title.

**Collateral Assignment** – Must be signed by both collateral assignee and Owner.

**Power-of-Attorney** – Must be signed by Attorney-in-Fact or Owner. If the Power of Attorney is not on record with Prudential, please attach to this form. Attorney-in-Fact must sign in that capacity, i.e. John Doe, Attorney-in-Fact.

**Trust** – Trustees must sign this form in that capacity, i.e. John Doe, Trustee.

**Irrevocable Beneficiary** – Must be signed by both Irrevocable Beneficiary and Owner.

*The following restrictions below apply to the following products: Strategic Partners Annuity One, Strategic Partners Advisor, Strategic Partners FlexElite, Strategic Partners Horizon, Discovery Choice, Prudential Protector Plus, and Discovery Classic.*

*Change of annuitant can only take place as a result of the death of the sole annuitant. You, the owner, automatically become the new annuitant. You can use this form to name an annuitant other than yourself within 60 days of the death of the current annuitant. After these contracts have been issued, you cannot add a contingent annuitant.*

This form, and the information contained within, is not intended as investment advice and is not a recommendation about managing or investing your retirement savings. The Prudential entity(ies) set forth on this form, are not acting as your fiduciary as defined by any applicable laws and regulations. Please consult with your financial professional about managing or investing your retirement savings.

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