Prudential

Change of Firm/Representative Authorization

Annuities are issued by Pruco Life Insurance Company, in New York, by Pruco Life Insurance Company of New Jersey and The Prudential Insurance Company of America (PICA), all located in Newark, NJ (main office), these entities are referred to as "Prudential" below. All are Prudential Financial, Inc. companies and each is solely responsible for its own financial condition and contractual obligations. The Rock Prudential Logo is a registered service mark of PICA and its affiliates.

1. CONTRACT OWNER/ANNUITANT ACCOUNT INFORMATION

Social Security Number _____

_____

Name *(First, Middle, Last Name)*

_____ _____ _____ _____

Street address City State Zip

_____

Additional Owner's Name *(First, Middle, Last Name)*

2. ACCOUNT INFORMATION

☐ Individual Reassignment ☐ Book of Business Reassignment *(for Firm/Representative ONLY)*

Company Name _____

If selecting Individual Reassignment, provide all applicable account numbers.

Account Number _____ Account Number _____

Account Number _____ Account Number _____

Account Number _____ Account Number _____

Account Number _____ Account Number _____

3. PREVIOUS FIRM/REPRESENTATIVE ON ACCOUNT

Firm Name _____

Previous Representative Name *(First, Middle, Last Name)* _____

4. NEW FIRM/REPRESENTATIVE

Firm Name _____

_____ _____ _____ _____

Representative branch street address City State Zip

Firm Account Number For Linking Purposes *(if applicable)*: _____

☐ House Account *(for Firm/Representative ONLY)*

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4. NEW FIRM/REPRESENTATIVE *(continued)*

If the owner of the contract does not select a Representative, a House Account will be assigned.

Representative Name *(First, Middle, Last Name)* _____

Social Security *(Last 4 digits only)* XXXXX_____ Split Percentage _____

Role: Servicing ☐ Writing ☐

Telephone Number _____ Fax Number _____

Prudential Representative Agent ID _____ Email _____

Additional Representative Name *(First, Middle, Last Name)* _____

Social Security *(Last 4 digits only)* XXXXX_____ Split Percentage _____

Role: Servicing ☐ Writing ☐

Telephone Number _____ Fax Number _____

Prudential Representative Agent ID _____ Email _____

NOTE: If there are additional representatives please indicate them on an additional piece of paper.
For contracts with a resident state of Maryland, signatures and date will need to be included for each additional representative.

5. FINANCIAL PROFESSIONAL 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. For definitions, see Definitions and Disclosures on page 7.

Financial Professionals have authorization to Receive Account Information by being the Financial Professional of record.

Authorization for Representative: *(for Contract Owner use only)*

Account Maintenance ☐ **YES** ☐ **NO** Provide Investment/Allocation Instructions ☐ **YES** ☐ **NO**

6. CUSTODIAL CHANGE INFORMATION

If no new Custodian is selected the Annuitant will become the new owner.

Social Security/Tax I.D. Number _____ Telephone Number _____

Custodian Name _____

_____ _____ _____ _____
Street address City State Zip

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

If "YES", and the annuitant will become the new owner please provided a withholding election in Section 8 and payment instructions in Section 9.

7. BENEFICIARY CHANGE

Elections with "Per Stirpes" designations cannot be honored; however "Children by Representation" can be elected.

- Under a "Children by Representation" designation, if a child of the deceased contract owner is deceased at the time the death benefit is payable, that deceased child's death benefit portion would be payable to his/her children in equal shares. If the children are also deceased, their portion of the death benefit payment would be paid to the estate of the deceased contract owner.

- **Note:** Percentages must total 100% within a class.

☐ **Primary** ☐ **Contingent** **Percent** _____ **%**

REQUIRED **Relationship to Owner** _____

Beneficiary Name _____

Trustee Name *(if applicable)* _____

Date of Birth or Date of Trust Inception ***(required)*** _____ *(mm/dd/yyyy)* ☐ Male ☐ Female

Social Security/Tax I.D. Number _____ Telephone Number _____

Beneficiary Address: Street _____ City _____ State _____ Zip _____

☐ **Primary** ☐ **Contingent** **Percent** _____ **%**

REQUIRED **Relationship to Owner** _____

Beneficiary Name _____

Trustee Name *(if applicable)* _____

Date of Birth or Date of Trust Inception ***(required)*** _____ *(mm/dd/yyyy)* ☐ Male ☐ Female

Social Security/Tax I.D. Number _____ Telephone Number _____

Beneficiary Address: Street _____ City _____ State _____ Zip _____

☐ **Primary** ☐ **Contingent** **Percent** _____ **%**

REQUIRED **Relationship to Owner** _____

Beneficiary Name _____

Trustee Name *(if applicable)* _____

Date of Birth or Date of Trust Inception ***(required)*** _____ *(mm/dd/yyyy)* ☐ Male ☐ Female

Social Security/Tax I.D. Number _____ Telephone Number _____

Beneficiary Address: Street _____ City _____ State _____ Zip _____

8. INCOME TAX WITHHOLDING NOTICE AND ELECTION

Prudential will withhold default 10% federal income taxes and any mandatory state income taxes, if applicable. You may choose to elect out of withholding, below, otherwise, for any other federal tax withholding election, you must submit IRS Form W-4R **with this form**. If you are not a U.S. person, you must submit the applicable IRS Form W-8 series. These forms can be located by searching Forms, Instructions and Publications at https://www.irs.gov/forms-instructions or you may call our Service Center to obtain the appropriate form.

Please note that for withdrawals from a non-qualified annuity only earnings are subject to any applicable income tax withholding as requested below.

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the IRS estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

☐ Check here if you **do not** want federal income taxes withheld.

☐ Check here if you have attached IRS Form W-4R to make a specific withholding election. If the form is not attached, we will process your payment with default withholding.

Please note that you cannot elect out of withholding if we do not have a valid SSN or TIN on file or if payments are to be delivered outside the United States and its possessions.

STATE INCOME TAX ELECTION

For Connecticut residents, to make an election other than your state's default withholding, a valid CT Form W-4P is required.
For Minnesota residents, to make an election other than your state's default withholding, a valid Form W-4MNP is required.

☐ Do **not** withhold State income taxes unless required by law.

☐ Withhold my state's default income withholding amount, if applicable.

☐ Withhold State income taxes for an amount I choose on the taxable portion of my distribution:

Choose one: ☐ Percentage ⌊_____⌋ % ☐ Dollar Amount $ ⌊_____⌋

MICHIGAN RESIDENT STATE INCOME TAX ELECTION ***(Must be completed by Michigan State residents)***

Unless your payments are not taxable, or you opt out, Michigan law requires 4.25% income tax withholding from pension and retirement benefits. **If no election is made, Prudential will be required to withhold 4.25%.** Choose **only one** option below.

☐ My pension or annuity payments are not taxable, and I wish to opt out.
Note: Opting out may result in a balance due on your MI-1040 as well as penalties and interest.

☐ Withhold % from annuity payments: ⌊_____⌋ % *(Minimum 4.25%)*.

9. PAYMENT AND MAILING INSTRUCTIONS

PLEASE COMPLETE OPTION A OR B

A. Direct Deposit to a Bank

Please allow 1-3 business days from the processing date to receive the funds in your bank account.

Funds must be sent to an account in the name of the contract owner. Requests for third party EFT *(EFT to a party that is not the contract owner)* are not permitted.

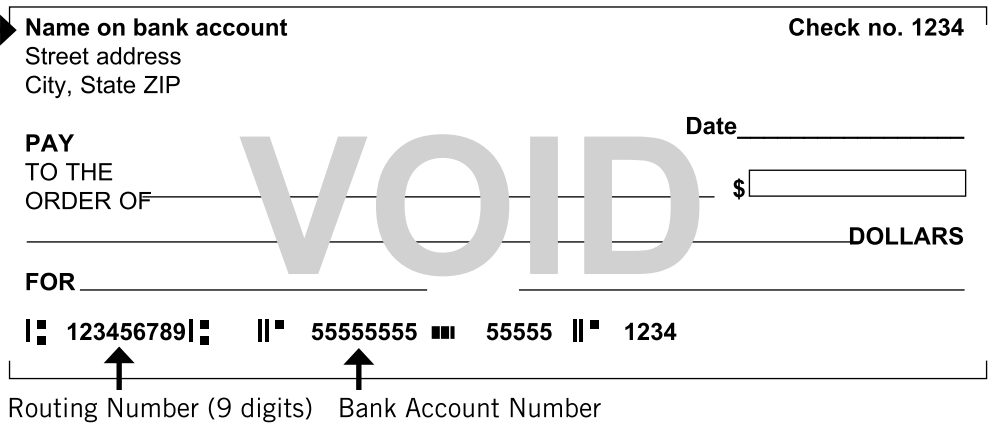
☐ Check here if your account is already on file. Proceed to the Signature section.

If new account or changes to existing account:

☐ Checking - *(A voided check or bank letter must be included with this request.)*

☐ Savings - *(A letter from your bank is needed to have funds deposited to your savings account if a deposit slip is not provided. Please see bank letter requirements below.)*

- Voided check must show Name on account, current address, routing and account numbers.
- Bank letter must be on bank letterhead, signed and dated by bank representative and contain name on account, routing and account numbers.
- If all required information is not provided, we will process your request as a check and send to the owner's address of record.



B. Check Payee and Mailing Instructions

Make check payable to: ☐ Owner *(Address of Record or specify address below.)*
☐ Special payee *(Please enter special payee's name and address below.)*

Please allow 3-5 days from the processing date to receive your funds by U.S. First Class Mail.

Checks cannot be mailed directly to your Financial Professional's branch office. If your Financial Professional's branch office is provided, the check will be made payable to the contract owner and mailed to the Address of Record.

Make check payable to *(if other than owner)* _____

_____ Street address

_____ City

_____ State

_____ Zip

Country _____

10. SIGNATURES

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.

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.

OWNER AUTHORIZATION

SIGN HERE ➧ _____ _____

Owner Signature | Date of Signature *(mm/dd/yyyy)*

SIGN HERE ➧ _____ _____

Additional Owner Signature *(if applicable)* | Date of Signature *(mm/dd/yyyy)*

For custodial owned contracts, please supply a medallion signature guarantee or the signature page of the corporate resolution.

For contracts with a resident state of Maryland, Financial Professional signature(s) are required.

SIGN HERE ➧ _____ _____

Financial Professional | Date of Signature *(mm/dd/yyyy)*

SIGN HERE ➧ _____ _____

Financial Professional | Date of Signature *(mm/dd/yyyy)*

SIGN HERE ➧ _____ _____

Resigning Custodial/Releasing Company Signature, Title | Date of Signature *(mm/dd/yyyy)*

SIGN HERE ➧ _____ _____

Accepting Custodial/Releasing Company Signature, Title *(if applicable)* | Date of Signature *(mm/dd/yyyy)*

10. SIGNATURES *(continued)*

OR
OFFICE OF SUPERVISOR JURISDICTION(OSJ)/ OPERATING CONTROL MANAGER(OCM)/ MANAGING DIRECTOR(MD) AUTHORIZATION - AUTHORIZED PARTY WITHIN THE FIRM OR AGENCY. THESE ARE EXAMPLES OF ACCEPTABLE TITLES FOR INTERNAL REASSIGNMENT CHANGES.
NOTE: AUTHORIZATION CHANGES CANNOT BE PROCESSED WHEN FORM IS RECEIVED WITH OCM/ MD SIGNATURE ONLY.

SIGN HERE ➧

Signature/Title

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

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.

Annuities Service Center
Investor Line: 1-888-778-2888
Financial Professionals: 1-800-513-0805
8:00AM–6:00PM ET, Monday–Friday
Fax: (800) 207-7806
www.prudential.com

Regular Mail Delivery
Annuities Service Center
P.O. Box 7960
Philadelphia, PA 19176

Overnight Service, Certified or Registered Mail Delivery
Prudential Annuities Service Center
1600 Malone Street
Millville, NJ 08332

DEFINITONS AND DISCLOSURES

AUTHORIZATION: In Section 5, you may grant or deny your Financial Professional access to your Annuity Account Information and give that person the ability to perform the activities you have selected.

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:

1. **RECEIVE ACCOUNT INFORMATION** – "Account Information" includes all financial and non-financial information regarding your Annuity including, but not limited to, your Account Value, Surrender Value, Free Withdrawal Amount, annuity registration information, *(owner name, annuitant name, beneficiary designation, address of record)*. All Financial Professionals on the contract have this authorization.
2. **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 and Prudential Fixed Annuity with Daily Advantage Income Benefit this includes the ability to change election from Single to Spousal (or vice versa) Designated Life/Lives basis.
3. **PROVIDE INVESTMENT/ALLOCATION INSTRUCTIONS** – "Investment/Allocation Instructions" includes all activities which affect the investment of your Account Value in the Sub-Accounts or the allocation of your Account Value in the Interest Crediting Strategies. See your prospectus or disclosure statement for more information. 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, Dollar Cost Averaging and Fixed Option renewal.

This authorization may be revoked by calling 888-778-2888. Proper identification of the caller will be required to revoke this authorization. Note: This section cannot be used for Third Party Investment Advisor authorizations.