



Disclosure for Life Insurance Sales to Active Duty Military Service Members

Instructions to Producer:

This disclosure form is required for all sales of life insurance to active duty service members (see definition below, including state variations). This form must be completed and reviewed with the service member at time the application/worksheet is taken. The original of the signed disclosure form must be left with the service member. A copy of the form must be sent to Prudential, and a copy retained in the client file. (Important Note: In Ohio, this disclosure form is also required for all life insurance sales to a service member's immediate family).

Instructions to Active Duty Service Members: Please read and understand this disclosure form.

Definition: "Active duty service member " means a service member engaged in full time duty in the active military service of the United States. This includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full time training specifying periods of 31 calendar days or more. In Florida, Nevada, Ohio, Massachusetts, and Vermont, the term "active duty" is not limited to reservists performing active duty or active duty for training under orders specifying periods of 31 calendar days or more, and includes all reserve members on active duty or active duty for training, without regard to the length of the call-up or orders. The disclosure forms required by these procedures must be provided to these service members. In addition, in Florida, Ohio, and Vermont, the term "active duty service member" also includes all reservists on drill status. The disclosure forms required by these procedures must be provided to these service members as well.

Important:

Please read the following disclosure if you are an Active Duty Service Member of the United States Armed Forces

1. As a member of the United States Armed Forces, subsidized low cost group term life insurance sponsored by the Federal Government is automatically available to you under the Servicemembers' Group Life Insurance Program (SGLI). This SGLI program provides up to \$400,000 of term life insurance at a cost of \$0.07 (7 cents) per thousand dollars of coverage or \$28 per month for \$400,000 coverage (as of July 1, 2014). As of September 1, 2005, the SGLI policy is automatically activated for the current maximum coverage amount of \$400,000 unless the service member elects lower coverage or no coverage by completing VA Form SGLV-8286. Dependent children are automatically insured for \$10,000. In addition, there is an elected coverage option for up to \$100,000 for spouses. When released from active duty or the Reserves, members with active full-time SGLI coverage can convert their coverage to Veterans Group Life Insurance (VGLI) or to an individual commercial life insurance policy at standard rates without having to provide proof of good health. For additional information about SGLI, go to the Department of Veteran Affairs website at www.insurance.va.gov or call the Office of Servicemembers' Group Life Insurance directly toll free at 1-800-419-1473.
2. The Prudential life insurance product being offered is not offered or provided by the Federal Government or the United States Armed Forces, and the Federal Government and the United States Armed Forces have not sanctioned, recommended or encouraged the sale of this Prudential life insurance product in any way.
3. Most life insurance products, other than term life insurance, are intended to create a cash value within the policy. Amounts accumulated as cash value in a life insurance policy may be used to pay, reduce or offset premiums due for continuation of coverage under the policy. Additional information as to the terms and circumstances under which amounts accumulated as cash value may be diverted to pay, reduce or offset premiums due is provided by the product prospectus (for variable life insurance), product illustration and/or other product materials, or may be obtained by contacting your agent.

4. No person has received any referral fee or incentive compensation in connection with the offer or sale of this life insurance contract, unless such person is a licensed producer appointed by the Prudential insurance company issuing the product.
5. Prior to making any financial commitment, free legal advice is available to you from the Office of the Staff Judge Advocate.
6. The life insurance policy being offered to you contains a "free look period." During the free look period you may choose to return the policy for cancellation and, if you do, the policy will be void from the beginning and the premiums you have paid will be refunded (according to the terms of the policy).
7. Prudential will not pay a benefit on any Accidental Death Benefit type rider or make payments for any Disability type rider if the death or injury is caused by or contributed to by war or act of war, declared or undeclared, including resistance to armed aggression. This restriction includes service in the armed forces of any country at war.
8. If you have a complaint regarding a life insurance policy issued by a Prudential company, you may contact Prudential at 1-(800) 201-6690. If you are unable to resolve the complaint, or choose not to contact the company, you may contact the state insurance department of the state where you reside or in which the sale of insurance took place. The address and phone number to contact the state insurance department may be obtained at www.naic.org/state_web_map.htm or by calling the National Association of Insurance Commissioners at 1-816-842-3600.
9. The type of Life Insurance you have applied for is (check all that apply):

Term Life Variable Life Universal Life

10. The death benefit amount applied for is \$ _____

11. The expected first year cost of the policy is \$ _____

Acknowledgement By Active Duty Service Member

By signing this disclosure, you acknowledge that you have been provided with an explanation of the free look period for the life insurance policy and given instructions on how to cancel the policy if you choose to do so, that you understand this disclosure and that you have received a copy of this form.

Name of Active Duty Service Member (print) _____

Service Member Signature and Date _____

Producer Statement

By signing this form, I certify that I have provided the service member identified above with an explanation of the free look period and how to cancel the policy if s/he chooses to do so, and that I have reviewed this completed form with the service member and provided a copy of this disclosure to him/her.

Insurance Producer Name (print) _____

Insurance Producer Signature and Date _____

Life insurance is issued by The Prudential Insurance Company of America, Pruco Life Insurance Company (except in NY) and Pruco Life Insurance Company of New Jersey (in NY and NJ). Each is a Prudential Financial company located in Newark, NJ.