

4 For Variable Appreciable Life, Appreciable Life, and PRUvider

Change billed premium amount to \$, .

(Billed amount must be greater than the minimum scheduled premium, at the premium payment frequency chosen, or currently in effect.)

5 Signature(s)
(All owners and any collateral assignee must sign.)

- For **corporations**, an authorized officer must sign. Be sure to include the title of the officer and the company name.
 - If **president** – no additional requirements
 - If **vice president** – for policies over \$1,000,000, provide a Corporate Secretary’s statement reflecting the vice president’s authority to sign
 - If **any other officer** – provide a corporate resolution
- For **partnerships** with at least two general partners, two authorized general partners must sign with the title “general partner” after each name (if only one, use “sole general partner”) and include the name of the partnership.
- For **sole proprietorships**, submit the signature of the owner, followed by “doing business as (company name), a sole proprietorship.”
- For **trusts**, each trustee must sign unless the trust itself or state law provides otherwise. Trustee must include trustee designation (for example, “John Doe, Trustee under Trust Agreement dated 1/1/1998”).
- A **holder of power of attorney** must provide a copy of the power of attorney and include, following his or her signature, the words “Attorney-in-fact for (owner’s name).”
- For a policy containing a **limitation of rights**, the person or entity in whose favor the rights have been limited must also sign.

By signing this form, I (or all owners):

- acknowledge that I have received and read both pages of this form,
- agree to the request(s) made on this form, which are subject to the terms and conditions of this policy, and
- certify that if the owner is a corporation or partnership, that it is not under receivership, trusteeship, or conservatorship, and/or has not been dissolved, and if a partnership, that no notice of disassociation has been filed by any partner.

X _____
Policyowner’s signature and date

month day year

X _____
Joint owner’s signature(s) (if applicable) and date

month day year

X _____
Collateral assignee’s signature (if applicable) and date

month day year

X _____
Beneficiary’s signature (required if rights are limited) and date

month day year

Signer’s title for business or trust owner Company name

For Prudential Use Only	Contract/Agency _____ Prudential representative _____
	Submitting Office _____ Paid report date _____ Amount remitted _____
	Related trans code _____ RMO _____
	Policy issued by: <input type="checkbox"/> The Prudential Insurance Company of America <input type="checkbox"/> Pruco Life Insurance Company of New Jersey <input type="checkbox"/> Pruco Life Insurance Company