

SERFF Tracking Number: PRUD-125603882 State: Arkansas  
Filing Company: Pruco Life Insurance Company State Tracking Number: 38910  
Company Tracking Number: ORD 113865-2008 & ORD 114011-2008-JSAR  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: ORD 113865-2008 & ORD 114011-2008  
Project Name/Number: ORD 113865-2008 & ORD 114011-2008/

## Filing at a Glance

Company: Pruco Life Insurance Company

Product Name: ORD 113865-2008 & ORD 114011-2008 SERFF Tr Num: PRUD-125603882 State: ArkansasLH

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 38910

Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life

Co Tr Num: ORD 113865-2008 &  
ORD 114011-2008-JSAR

State Status: Approved-Closed

Filing Type: Form

Co Status: IIGL

Reviewer(s): Linda Bird

Authors: Marcelle Chapman, Susan Disposition Date: 05/12/2008

Eckler-Kerns, Rozelyn Hayes,

Jessica Kaimo, David Koonce,

Misty Kramer, Gil Ortiz, Eula

Quailles, John Steiniger, Genetta

Williams

Date Submitted: 05/07/2008

Disposition Status: Approved

Implementation Date Requested: 06/02/2008

Implementation Date:

State Filing Description:

## General Information

Project Name: ORD 113865-2008 & ORD 114011-2008

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This filing is  
exempt in our Domicile State, Arizona

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/12/2008

State Status Changed: 05/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

SERFF Tracking Number: PRUD-125603882 State: Arkansas  
Filing Company: Pruco Life Insurance Company State Tracking Number: 38910  
Company Tracking Number: ORD 113865-2008 & ORD 114011-2008-JSAR  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: ORD 113865-2008 & ORD 114011-2008  
Project Name/Number: ORD 113865-2008 & ORD 114011-2008/

Filing Description:

In Re: Pruco Life Insurance Company

Company # 79227

Individual Life

Form Numbers ORD 113865-2008 and ORD 114011-2008

New Submission

Dear Commissioner:

We enclose the following forms for filing:

ORD 113865-2008 Application for Life Insurance

ORD 114011-2008 Application for Life Insurance

We plan to introduce these forms in June 2008.

Form ORD 113865-2008 is a new form and will be used as we are replacing application form ORD 113865-9/2007 that was previously approved for use with term life policy form PFT-2007. As explained in our previous filing, the policy is marketed by licensed financial institution brokers authorized to sell this product to their customers and the application process utilizes simplified underwriting and a self-service Internet-based acquisition model and that is initiated from the Financial Institution's website. The only change in the new application form is in the Terms and Conditions section to delete the requirement to inform the Company of any changes in health, mental or physical conditions, or of any changes to any answers on the application, prior to or upon delivery of the policy.

Form ORD 114011-2008 is a new form that will not replace any existing form. This form is substantially the same as form ORD 113865-2008. The only differences are that form ORD 114011-2008 includes a producer's signature and it does not include a question asking about intent to replace, discontinue or change any existing in force policy or contract. A separate replacement notice will be used for this purpose. This form will be used for applications for term life policy form PFT-2007 in face-to-face sales with licensed financial institution brokers authorized to sell this product. The

<i>SERFF Tracking Number:</i>	<i>PRUD-125603882</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Pruco Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38910</i>
<i>Company Tracking Number:</i>	<i>ORD 113865-2008 &amp; ORD 114011-2008-JSAR</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>ORD 113865-2008 &amp; ORD 114011-2008</i>		
<i>Project Name/Number:</i>	<i>ORD 113865-2008 &amp; ORD 114011-2008/</i>		

application process will utilize an Internet-based acquisition model that is very similar to the process described in the previous filing, except that it will be completed with the assistance of the licensed broker in a face-to-face sale.

The process will start the same with a quote from which the applicant will select the insurance amount, premium and level-premium period that meets their needs. The applicant will be asked if they intend to replace an existing policy or contract; if yes, they will not be permitted to purchase this policy since replacements are not currently supported in this process. If no replacement is involved, additional personal information will be collected and the licensed broker will be asked to confirm the applicant's identity. Following this, the applicant will be asked a series of lifestyle and health questions that are required in the application. Depending on the applicant's responses, additional questions may be asked to collect more detailed information which will be printed in the Details section of the application. The applicant will also be asked to provide beneficiary information. Following these questions, the applicant will then have the opportunity to review and make any corrections to the lifestyle, health or beneficiary information. An e-signature disclosure will be presented to the applicant along with the application for life insurance, replacement notice and other pre-issue forms. The application will then be electronically signed and submitted. If the application is approved, the applicant will be asked to provide information and authorization for payment by credit card or electronic fund transfer. The term life policy will then be electronically viewed and accepted, and a copy of the policy can be printed or saved along with the other policy delivery documents.

For informational purposes, we have enclosed copies of the following:

- Screen prints for the broker-assisted Internet-based acquisition model
- e-signature disclosure form
- Replacement Notice

The application forms are submitted in final print and are subject to only minor modification in paper size and stock, ink, border, Company logo and adaptation to computer printing.

The filing fee in the amount of \$40.00 has been sent EFT.

## **Company and Contact**

SERFF Tracking Number: PRUD-125603882 State: Arkansas  
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 Project Name/Number: ORD 113865-2008 & ORD 114011-2008/

**Filing Contact Information**

John Steiniger, Second Vice President John.Steiniger@Prudential.com  
 Individual Insurance Group (973) 802-6104 [Phone]  
 Newark, NJ 07102-2992 (973) 367-8134[FAX]

**Filing Company Information**

Pruco Life Insurance Company CoCode: 79227 State of Domicile: Arizona  
 751 Broad Street Group Code: 304 Company Type: Life  
 Newark, NJ 07102-3777 Group Name: State ID Number:  
 (973) 802-6000 ext. [Phone] FEIN Number: 22-1944557  
 -----

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$40.00  
 Retaliatory? No  
 Fee Explanation: The filing fee is \$20.00 per application  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pruco Life Insurance Company	\$40.00	05/07/2008	20141178

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/12/2008	05/12/2008

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*Project Name/Number:* ORD 113865-2008 & ORD 114011-2008/

## **Disposition**

Disposition Date: 05/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: PRUD-125603882 State: Arkansas  
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## Form Schedule

Lead Form Number: ORD 113865-2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ORD 113865-2008	Application/ Enrollment Form	Application For Life Insurance	Initial		47	ORD_113865 - 2008_GEN_P refilled.pdf
	ORD 114011-2008	Application/ Enrollment Form	Application For Life Insurance	Initial		47	ORD_114011 - 2008_GEN_P refilled.pdf

Pruco Life Insurance Company,  
 a Prudential company  
 Corporate Offices, Newark, New Jersey

**A. PROPOSED INSURED**

1. Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
2. Social Security number: \_\_\_\_\_
3. State of birth (Country if not U.S.): \_\_\_\_\_
4. Gender:  Female  Male
5. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. Are you a U.S. citizen?  Yes  No – *If No, provide alien registration number* \_\_\_\_\_
7. Driver's license status:  Active  Suspended  None: \_\_\_\_\_  
*If "Active", provide driver's license issuing state* \_\_\_\_\_  
*Driver's license number* \_\_\_\_\_
8. Residence address (No PO boxes) Street: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
9. e-mail address: \_\_\_\_\_
10. Primary telephone number: \_\_\_\_\_
11. Occupation: \_\_\_\_\_
12. Annual earned income: \$ \_\_\_\_\_
13. Amount of in-force insurance: \$ \_\_\_\_\_ Check here if None:

**B. COVERAGE**

1. Plan of insurance applied for: \_\_\_\_\_
2. Amount of insurance applied for: \$ \_\_\_\_\_
3. Do you, by applying for this life insurance, intend to replace, discontinue or change any existing in-force policy or contract?  Yes  No

**C. BENEFICIARY DETAILS**

NAME			Relationship to Proposed Insured	BENEFICIARY CLASS	
First	Middle	Last		Primary (Class 1)	Secondary (Class 2)
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

#### D. BACKGROUND INFORMATION

1. What is your: Height: \_\_\_\_\_ Weight: \_\_\_\_\_
2. In the past 12 months, have you used tobacco or any other nicotine product?  Yes  No
3. In the past 3 years, have you piloted an aircraft, or do you intend to fly in the future in a role other than as a passenger on a scheduled airline?  Yes  No
4. In the past 3 years, have you participated in, or do you in the future plan to participate in, any of the following activities: scuba/skin diving; racing by car, motorcycle, boat; aeronautics including hang gliding, skydiving, parachuting, ballooning; mountain/trail climbing, rock climbing; similar hazardous activities?  Yes  No
5. Do you anticipate residence or travel, including military deployment, outside the United States, Canada, or Mexico during the next 2 years?  Yes  No
6. In the past 3 years, have you: had your driver's license suspended, revoked, canceled, or withdrawn; had 3 or more moving violations; pleaded guilty or no contest to, or been convicted of, driving under the influence (DUI/DWI) or reckless/careless driving?  Yes  No
7. In the past 10 years, have you been charged with or convicted of a felony offense, or been on probation or parole for a felony offense?  Yes  No
8. In the past 12 months, have you seen a member of the medical profession or been hospitalized for more than 24 hours, and as a result, have a final diagnosis or tests pending or been advised to have additional tests?  Yes  No
9. In the past 10 years, have you used illegal drugs, consulted or been treated by a member of the medical profession, or been hospitalized or taken medication for abuse of alcohol or drugs (including prescription drugs)?  Yes  No
10. Have you been diagnosed with, hospitalized, been treated or tested positive for any of the following by a member of the medical profession: HIV (Human Immunodeficiency Virus) antibodies or antigens; AIDS (Acquired Immunodeficiency Syndrome); ARC (AIDS Related Complex)?  Yes  No
11. In the past 7 years, have you been diagnosed by or received treatment from a member of the medical profession, or taken medication or been hospitalized for diseases or disorders of: the circulatory system; kidneys; liver; digestive system; concussions; high blood pressure; cancer; stroke; arthritis; heart (including rheumatic fever); diabetes/endocrine/thyroid; blood (excluding HIV/AIDS/ARC); lungs (including allergies or sleep apnea); congenital defects or physical impairments; epilepsy/seizures, including dizziness or fainting; muscular, spinal, joint, or bone disorders or injuries; sexually transmitted diseases (excluding HIV/AIDS/ARC); any mental or nervous disorders, including depression or anxiety?  Yes  No



## TERMS AND CONDITIONS

The words "I" and "my" refer to me. The word "Company" refers to the company named at the beginning of this application.

I have reviewed the application carefully, and I certify, affirm and understand the following:

- I am the proposed insured.
- Unless otherwise stated, payments will be shared equally by all primary (class 1) beneficiaries who survive me, or if none, by all contingent (class 2) beneficiaries who survive me.
- To the best of my knowledge and belief, the statements in this application, as well as any forms that the Company designates to be part of the application and that are attached to the policy, are complete, true and correctly recorded.
- Except for failure to pay premium or fraud, the Company will not contest the validity of this policy after it has been in force during my lifetime for two years from the date it takes effect.
- I believe this policy meets my insurance needs and financial objectives.
- My signature has been affixed to this application and forms that the Company designates to be part of the application that are attached to the policy.
- Any policy issued on this application shall not take effect until after all of the following conditions are met:
  - A payment equal to the full first required premium is received by the Company within my lifetime.
  - The form of payment submitted is honored. If payment is made by credit card or automatic bank draft, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.
  - I have personally received the policy during my lifetime and my health remains as stated in this application.
- Only an officer of Prudential with the rank or title of Vice President may make or alter any contract or agree not to enforce any of the rights of Prudential, and then only in writing.

## FRAUD WARNING AND SIGNATURE

- **(Not applicable in Arizona) Any person who knowingly and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company:**
  - may have committed fraud, or may have violated state law,
  - **Arkansas, Hawaii, Louisiana, New Mexico, Tennessee, Virginia and Washington: may be subject to fines, denial of insurance benefits, or confinement in prison,**
  - **Colorado: penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**

→ Signed at (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ on (DATE) \_\_\_\_\_

Signature of primary proposed insured **X** \_\_\_\_\_

Pruco Life Insurance Company,  
**a Prudential company**  
 Corporate Offices, Newark, New Jersey

**A. PROPOSED INSURED**

1. Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
2. Social Security number: \_\_\_\_\_
3. State of birth (Country if not U.S.): \_\_\_\_\_
4. Gender:  Female  Male
5. Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
6. Are you a U.S. citizen?  Yes  No – **If No, provide alien registration number** \_\_\_\_\_
7. Driver's license status:  Active  Suspended  None: \_\_\_\_\_  
**If "Active", provide driver's license issuing state** \_\_\_\_\_  
**Driver's license number** \_\_\_\_\_
8. Residence address (No PO boxes) Street: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
9. e-mail address: \_\_\_\_\_
10. Primary telephone number: \_\_\_\_\_
11. Occupation: \_\_\_\_\_
12. Annual earned income: \$ \_\_\_\_\_
13. Amount of in-force insurance: \$ \_\_\_\_\_ Check here if None:

**B. COVERAGE**

1. Plan of insurance applied for: \_\_\_\_\_
2. Amount of insurance applied for: \$ \_\_\_\_\_

**C. BENEFICIARY DETAILS**

NAME			Relationship to Proposed Insured	BENEFICIARY CLASS	
First	Middle	Last		Primary (Class 1)	Secondary (Class 2)
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

#### D. BACKGROUND INFORMATION

1. What is your: Height: \_\_\_\_\_ Weight: \_\_\_\_\_
2. In the past 12 months, have you used tobacco or any other nicotine product?  Yes  No
3. In the past 3 years, have you piloted an aircraft, or do you intend to fly in the future in a role other than as a passenger on a scheduled airline?  Yes  No
4. In the past 3 years, have you participated in, or do you in the future plan to participate in, any of the following activities: scuba/skin diving; racing by car, motorcycle, boat; aeronautics including hang gliding, skydiving, parachuting, ballooning; mountain/trail climbing, rock climbing; similar hazardous activities?  Yes  No
5. Do you anticipate residence or travel, including military deployment, outside the United States, Canada, or Mexico during the next 2 years?  Yes  No
6. In the past 3 years, have you: had your driver's license suspended, revoked, canceled, or withdrawn; had 3 or more moving violations; pleaded guilty or no contest to, or been convicted of, driving under the influence (DUI/DWI) or reckless/careless driving?  Yes  No
7. In the past 10 years, have you been charged with or convicted of a felony offense, or been on probation or parole for a felony offense?  Yes  No
8. In the past 12 months, have you seen a member of the medical profession or been hospitalized for more than 24 hours, and as a result, have a final diagnosis or tests pending or been advised to have additional tests?  Yes  No
9. In the past 10 years, have you used illegal drugs, consulted or been treated by a member of the medical profession, or been hospitalized or taken medication for abuse of alcohol or drugs (including prescription drugs)?  Yes  No
10. Have you been diagnosed with, hospitalized, been treated or tested positive for any of the following by a member of the medical profession: HIV (Human Immunodeficiency Virus) antibodies or antigens; AIDS (Acquired Immunodeficiency Syndrome); ARC (AIDS Related Complex)?  Yes  No
11. In the past 7 years, have you been diagnosed by or received treatment from a member of the medical profession, or taken medication or been hospitalized for diseases or disorders of: the circulatory system; kidneys; liver; digestive system; concussions; high blood pressure; cancer; stroke; arthritis; heart (including rheumatic fever); diabetes/endocrine/thyroid; blood (excluding HIV/AIDS/ARC); lungs (including allergies or sleep apnea); congenital defects or physical impairments; epilepsy/seizures, including dizziness or fainting; muscular, spinal, joint, or bone disorders or injuries; sexually transmitted diseases (excluding HIV/AIDS/ARC); any mental or nervous disorders, including depression or anxiety?  Yes  No



**TERMS AND CONDITIONS**

The words "I" and "my" refer to me. The word "Company" refers to the company named at the beginning of this application.

I have reviewed the application carefully, and I certify, affirm and understand the following :

- I am the proposed insured.
- Unless otherwise stated, payments will be shared equally by all primary (class 1) beneficiaries who survive me, or if none, by all contingent (class 2) beneficiaries who survive me.
- To the best of my knowledge and belief, the statements in this application, as well as any forms that the Company designates to be part of the application and that are attached to the policy, are complete, true and correctly recorded.
- Except for failure to pay premium or fraud, the Company will not contest the validity of this policy after it has been in force during my lifetime for two years from the date it takes effect.
- I believe this policy meets my insurance needs and financial objectives.
- My signature has been affixed to this application and forms that the Company designates to be part of the application that are attached to the policy.
- Any policy issued on this application shall not take effect until after all of the following conditions are met:
  - A payment equal to the full first required premium is received by the Company within my lifetime.
  - The form of payment submitted is honored. If payment is made by credit card or automatic bank draft, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.
  - I have personally received the policy during my lifetime and my health remains as stated in this application.
- Only an officer of Prudential with the rank or title of Vice President may make or alter any contract or agree not to enforce any of the rights of Prudential, and then only in writing.

**FRAUD WARNING AND SIGNATURE**

- **(Not applicable in Arizona) Any person who knowingly and intentionally gives false or deceptive information when completing an application for insurance or filing a claim, for the purpose of defrauding an insurance company:**
  - **may have committed fraud, or may have violated state law,**
  - **Arkansas, Hawaii, Louisiana, New Mexico, Tennessee, Virginia and Washington: may be subject to fines, denial of insurance benefits, or confinement in prison,**
  - **Colorado: penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**

Signed at (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ on (DATE) \_\_\_\_\_

→ *Signature of primary proposed insured*      **X** \_\_\_\_\_

→ *Signature of producer*      **X** \_\_\_\_\_

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:** 04/10/2008  
**Satisfied -Name:** Certification/Notice  
**Comments:** Attached is the certification.  
**Attachment:** AR Cert of Compliance.pdf

**Review Status:** 04/10/2008  
**Bypassed -Name:** Application  
**Bypass Reason:** N/A to this filing  
**Comments:**

**Review Status:** 04/10/2008  
**Bypassed -Name:** Life & Annuity - Acturial Memo  
**Bypass Reason:** N/A to this filing.  
**Comments:**

**Review Status:** 04/15/2008  
**Satisfied -Name:** Flesch Certification  
**Comments:** Attached is the flesch certification.  
**Attachment:** Arkansas Flesch Cert.pdf

**Review Status:** 04/15/2008  
**Satisfied -Name:** Informational Material  
**Comments:** Attached are our Screen Prints, E-Signature Disclosure Form and Replacement Notice, for Informational purposes only  
**Attachments:** PLI 509 Ed 2008.pdf  
ORD\_98497R-2008\_0208\_NF.pdf

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**Bank\_Acquisition\_Flow\_2.10\_Generic.pdf**

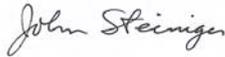


## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Pruco Life Insurance Company

Form Number(s): ORD 113865-2008 & ORD 114011-2008

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



---

Signature of Company Officer

John Steiniger

---

Name

Assistant Vice President

---

Title

4/1/2008

---

Date

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Pruco Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
ORD 113865-2008	47.1
ORD 114011-2008	47.2

*John Steiniger*

---

Name: John Steiniger  
Title: Assistant Vice President

4/1/2008

---

Date

Pruco Life Insurance Company, a Prudential company  
Corporate Offices, Newark, New Jersey

#### TERMS AND CONDITIONS

- I agree to the usage of electronic signatures for current and future transactions conducted through Prudential's FIC.prudential.com website and prudential.com/myaccess, and to be legally bound as if I had signed with a handwritten signature. I also agree to be bound by the terms and conditions of the FIC.prudential.com website and the prudential.com/myaccess website.
- I understand that I have the right to withdraw such consent at any time as set forth below.
- I agree to the electronic delivery of my records, documents and any notices related to my policy. I understand that I have the option to save and/or print and retain paper copies of any electronic records generated from my online transactions concerning my application and policy.
- I understand that to obtain paper copies of electronic records kept by Prudential concerning my policy, free of charge, or to withdraw my consent to the delivery or use of electronic records, I must follow the procedure described in the Frequently Asked Questions section of the prudential.com/myaccess website.
- I understand that in the event my personal contact information changes or any of my personal information is incorrect, I must immediately notify prudential by following the procedure described in the Frequently Asked Questions section of the prudential.com/myaccess website.
- I understand that to access and conduct transactions relating to my policy via FIC.prudential.com and prudential.com/myaccess, I must have access to a personal computer at my home or workplace, which is capable of supporting Internet access and a compatible browser application.
- I acknowledge that I received the disclosure stating that the insurance products offered on this website are not insured by the FDIC or any Federal Government Agency and are not a deposit of or guaranteed by any bank or any bank affiliate.
- Once your electronic signature is affixed to a document, your signature cannot be altered and the signed document is stored in a secure environment. Your electronic signature can be affixed to a document only through the use of your confidential password. Your signature is never stored by Prudential for use on another document.



The Prudential Insurance Company of America  
Pruco Life Insurance Company  
Pruco Life Insurance Company of New Jersey  
All are Prudential Financial companies.

APPLICANT'S STATEMENT

Do you, by applying for this life insurance, intend to replace, discontinue or change any existing in-force policy or contract?  Yes  No

→ Signature of Applicant **X** \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PRODUCER'S STATEMENT

I am not aware of any information that indicates that this insurance may replace or cause a change in any existing life insurance policy or annuity contract?

→ Signature of Producer **X** \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## Term Life Insurance Protection in Just Minutes!\*

10-, 20-, or 30-year term policies • \$50,000 to \$250,000 coverage amounts

- >> Answer some medical questions—no medical exam
- >> 10-day money back guarantee†
- >> Monthly cost is guaranteed for 10, 20, or 30 years
- >> Death Benefits will not decrease
- >> Policies issued by Prudential Financial companies rated‡:



### Begin Quote

| = Answer Required

Residence State |  ⓘ

Gender |

Date of Birth |    ⓘ

---

In the past 12 months, have you used tobacco or any other nicotine product? | ⓘ

Yes  No

### Applicant's Contact Information

| = Answer Required

First Name |  ⓘ M.I.

Last Name |  Suffix

Primary Phone # |

Email |  ⓘ

Re-enter Email |

### Licensed Individual Location

Application Branch

Application State **State**

**GO** [Return to Console](#)



\*During these hours: Mon.–Sat., 7:00 a.m.–7:45 p.m. ET

†Except in the following:

- Colorado—15 days
- Idaho, North Dakota, Rhode Island—20 days
- New York, Wisconsin—30 days
- South Carolina—31 days
- California residents age 60 and older have 30 days to return their policy

‡A+ is the Insurance Claims-Paying Rating as of May 3, 2007. A.M. Best ratings range from A++ (Superior) to F (in Liquidation). An A+ rating from A.M. Best is its second highest rating. Ratings are for Pruco Life Insurance Company and Pruco Life Insurance Company of New Jersey.

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--	---

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Quote

Make Changes

**Quote Date:** 06/18/2007      **Expiration Date:** 07/18/2007

---

**Applicant:** John F. Dryden

**App. State:** State      **Date of Birth:** 01/01/1967

**Gender:** Male      **Nicotine Use:** No

Licensed Individual

**First Lastname**  
 Financial Institution ABC  
 123 Main St.  
 City, ST 00000  
 999-999-9999

FAQs

- > Why should I buy one 20-year policy instead of 2 consecutive 10-year policies?  
 -----
- > What if I want more than \$250,000 in coverage?  
 -----
- > How does term insurance work?  
 -----

## How Much Coverage Do You Want?

MyTerm provides term coverage to age 95 (80 in New York). Premiums remain level for your choice of 10, 20, or 30 years. We guarantee it!

If you continue coverage beyond the level period, premiums will increase annually and are guaranteed to age 95 (80 in New York).

The 20- and 30-year level policies cost more per month than the 10-year policy because the level premium is guaranteed for a longer period.

Insurance Amount	10-year Level Term Monthly Premium	20-year Level Term Monthly Premium	30-year Level Term Monthly Premium
\$ 50,000	<input type="radio"/> \$ 13.50	<input type="radio"/> \$ 16.52	<input type="radio"/> \$ 25.61
\$ 75,000	<input type="radio"/> \$ 18.00	<input type="radio"/> \$ 22.52	<input type="radio"/> \$ 36.16
\$ 100,000	<input type="radio"/> \$ 22.50	<input type="radio"/> \$ 28.53	<input type="radio"/> \$ 46.71
\$ 125,000	<input type="radio"/> \$ 27.00	<input type="radio"/> \$ 34.54	<input type="radio"/> \$ 57.26
\$ 150,000	<input type="radio"/> \$ 31.50	<input type="radio"/> \$ 40.55	<input type="radio"/> \$ 67.82
\$ 175,000	<input type="radio"/> \$ 36.00	<input type="radio"/> \$ 46.55	<input type="radio"/> \$ 78.37
\$ 200,000	<input type="radio"/> \$ 40.50	<input type="radio"/> \$ 52.26	<input type="radio"/> \$ 88.92
\$ 225,000	<input type="radio"/> \$ 45.00	<input type="radio"/> \$ 58.57	<input type="radio"/> \$ 99.47
\$ 250,000	<input type="radio"/> \$ 49.50	<input type="radio"/> \$ 64.58	<input type="radio"/> \$ 110.03

**Consumer Tip:** MyTerm is a term life insurance product issued with limited underwriting and limited medical evidence of insurability. You may be able to purchase other life insurance products (including our other term life products) for substantially less cost if you apply for a life insurance product with full underwriting and/or provide medical evidence of insurability. However, if you submit to full underwriting and/or provide medical evidence of insurability, you may be required to pay more for a fully underwritten product than if you purchased a MyTerm policy.

[Apply Now](#)

[Return to Console](#)

[Cancel Application](#)



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Life insurance policies contain exclusions, limitations, reductions in benefits and terms for keeping them in force. The issuing company may have the right to contest the policy for misrepresentation or to apply a suicide clause.

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### Other Life Insurance Policies

| = Answer Required

Do you, by applying for this life insurance, intend to replace, discontinue, or change any existing in-force policy or contract? |

Yes  No

In the past 7 years, has a Prudential Financial company declined life insurance for you, postponed a decision on your application, or issued you coverage with an increased premium? (Missouri residents should answer this question yes only if issued coverage with an increased premium, otherwise no) |

Yes  No

Are you covered under a health insurance plan? |

Yes  No

#### Licensed Individual

##### First Lastname

Financial Institution ABC  
123 Main St.  
City, ST 00000  
999-999-9999

#### FAQs

> How can I be sure my privacy is protected?

### Personal Information

| = Answer Required

First Name | John |

M.I. | F

Last Name | Dryden

Suffix |

Residence Address |

(No PO Box) |

City/Town |

Residence State | State

Zip Code |

Primary Phone # | 973 | 802 | 6000

Alt. Phone # | | |

Email | john.dryden@prudential.com |

Re-enter Email | john.dryden@prudential.com

Birth Country | United States

Birth State | Select State

U.S. Citizen |  Yes  No

U.S. Driver's Lic. |  Yes  No

Social Security # | | | |

Occupation |

Annual Earned Income | Please choose |

## Licensed Individual Action is Required

I have confirmed this applicant's identity.

**Confirm** 

**GO**

**Return to Console**

**Cancel Application**

ScanAlert<sup>®</sup>



TESTED DAILY



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## Lifestyle

The premium rates and policy benefits are guaranteed. But not everyone can qualify for coverage. The questions on this page help us determine if the applicant qualifies for MyTerm Insurance.

| = Answer Required

1. In the past 3 years, have you piloted an aircraft, or do you intend to fly in the future in a role other than as a passenger on a scheduled airline? ⓘ |

Yes  No

2. In the past 3 years, have you participated in, or do you in the future plan to participate in, any of the following activities: |

- scuba/skin diving;  mountain/trail climbing, rock climbing;
- racing by car, motorcycle, boat;  similar hazardous activities?
- aeronautics including hang gliding, skydiving, parachuting, ballooning;  None of the above

3. Do you anticipate residence or travel, including military deployment, outside the United States, Canada, or Mexico during the next 2 years? |

Yes  No

4. In the past 3 years, have you:  
had your driver's license suspended, revoked, canceled, or withdrawn;  
had 3 or more moving violations;  
pleaded guilty or no contest to, or been convicted of, driving under the influence (DUI/DWI) or reckless/careless driving? |

Yes  No

5. In the past 10 years, have you been charged with or convicted of a felony offense, or been on probation or parole for a felony offense? |

Yes  No

### Licensed Individual

#### First Lastname

Financial Institution ABC  
123 Main St.  
City, ST 00000  
999-999-9999

### FAQs

> Why are you asking about my health and lifestyle?  
-----

## Health

| = Answer Required

6. Height |  ft.  in.

7. Weight |  lbs. ⓘ

8. In the past 12 months, have you seen a member of the medical profession or been hospitalized for more than 24 hours, and as a result, have a final diagnosis or tests pending or been advised to have additional tests? |

Yes  No

9. In the past 10 years, have you used illegal drugs, consulted or been treated by a member of the medical profession, or been hospitalized or taken medication for abuse of alcohol or drugs (including prescription drugs)? |

Yes  No

10. Have you been diagnosed with, hospitalized, been treated or tested positive for any of the following by a member of the medical profession:

HIV (Human Immunodeficiency Virus) antibodies or antigens;

AIDS (Acquired Immunodeficiency Syndrome);

ARC (AIDS Related Complex)? |

Yes  No

11. In the past 7 years, have you been diagnosed by or received treatment from a member of the medical profession, or taken medication or been hospitalized for diseases or disorders of: |

Circulatory system;

Heart (including rheumatic fever);

Kidneys;

Diabetes/endocrine/thyroid;

Liver;

Blood (excluding HIV/AIDS/ARC);

Digestive system;

Lungs (including allergies or sleep apnea);

Concussions;

Congenital defects or physical impairments;

High blood pressure;

Epilepsy/seizures, including dizziness or fainting;

Cancer;

Muscular, spinal, joint, or bone disorders or injuries;

Stroke;

Sexually transmitted diseases (excluding HIV/AIDS/ARC);

Arthritis;

Any mental or nervous disorders, including depression or anxiety?

None of the Above

**GO**

**Return to Console**

**Cancel Application**



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lifestyle/health

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## Beneficiaries

Please identify at least 1 primary beneficiary below. You can add up to 5 more at this time and even more later after the coverage begins.

| = Answer Required

1 Relationship |

Name |  |

Beneficiary Type |

You may name up to six (6) beneficiaries.

### Licensed Individual

#### First Lastname

Financial Institution ABC  
123 Main St.  
City, ST 00000  
999-999-9999

### FAQs

- > What if I want to change my beneficiaries later?
- > What if I want each beneficiary to receive a different amount?
- > If I die, when will my beneficiaries receive the money?

**GO**

[Return to Console](#)

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## Review Information

### Applicant Information

Make Changes

Do you, by applying for this life insurance, intend to replace, discontinue, or change any existing in-force policy or contract? **No**

In the past 7 years, has a Prudential Financial company declined life insurance for you, postponed a decision on your application, or issued you coverage with an increased premium? (Missouri residents should answer this question yes only if issued coverage with an increased premium, otherwise no). **No**

Are you covered under a health insurance plan? **Yes**

Name **John F. Dryden**

Primary Phone # **973-802-6000**

Alternate Phone #

Email Address **john.dryden@prudential.com**

Residence Address **751 Broad Street  
Newark, NJ 07102**

Birth Country **United States**

Birth State **Maine**

U.S. Citizen **Yes**

Alien Reg. # **N/A**

U.S. Driver's License **Yes**

License Status **Active**

Driver's License # **D98765432101234**

Issuing State **New Jersey**

Social Security # **xxx-xx-5555**

Occupation **Executive**

Annual Earned Income **\$75,000 - \$89,999**

### Licensed Individual

#### First Lastname

Financial Institution ABC  
123 Main St.  
City, ST 00000  
999-999-9999

### FAQs

- > How does Prudential protect my personal information?  
-----
- > How can I be sure my privacy is protected?  
-----

These questions have multiple parts. Please click 'Make Changes' to review the responses to these questions.

Lifestyle	Make Changes
1. In the past 3 years, have you piloted an aircraft, or do you intend to fly in the future in a role other than as a passenger on a scheduled airline? ⓘ	No
2. In the past 3 years have you participated in, or do you in the future plan to participate in, any of the following activities:?	No
3. Do you anticipate residence or travel, including military deployment, outside the United States, Canada, or Mexico during the next 2 years?	No
4. In the past 3 years, have you: had your driver's license suspended, revoked, canceled, or withdrawn; had 3 or more moving violations; pleaded guilty or no contest to, or been convicted of, driving under the influence (DUI/DWI) or reckless/careless driving?	No
5. In the past 10 years, have you been charged with or convicted of a felony offense, or been on probation or parole for a felony offense?	No

These questions have multiple parts. Please click 'Make Changes' to review the responses to these questions.

Health	Make Changes
6. Height	6 ft. 0 in.
7. Weight	195 lbs.
8. In the past 12 months, have you seen a member of the medical profession or been hospitalized for more than 24 hours, and as a result, have a final diagnosis or tests pending or been advised to have additional tests?	No
9. In the past 10 years, have you used illegal drugs, consulted or been treated by a member of the medical profession, or been hospitalized or taken medication for abuse of alcohol or drugs (including prescription drugs)?	No
10. Have you been diagnosed with, hospitalized, been treated or tested positive for any of the following by a member of the medical profession: HIV (Human Immunodeficiency Virus) antibodies or antigens; AIDS (Acquired Immunodeficiency Syndrome); ARC (AIDS Related Complex)?	No
11. In the past 7 years, have you been diagnosed by or received treatment from a member of the medical profession, or taken medication or been hospitalized for diseases or disorders of:?	Yes

**Beneficiaries**[Make Changes](#)

Beneficiary	Relationship	Class
Jane Dryden	Wife	Primary (Class 1)
Joe Dryden	Son	Primary (Class 1)
Jill Dryden	Daughter	Primary (Class 1)

## Applicant Username & Password

Keep a record of your username and password. You'll need your password to sign documents related to your application. If you purchase a policy, you will need the username for online account access.

| = Answer Required

Applicant Username |  ⓘ

Applicant Password |  ⓘ

Confirm Password |

Challenge Question |  ⓘ

Answer |

**GO**[Return to Console](#)[Cancel Application](#)

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## View, Accept & Submit Documents

**Step 1:** To complete your application, please view and accept the documents below. Carefully read each document and click "Accept" to continue on to the next document.

Adobe Acrobat Reader is required to print and save the following documents.

<a href="#">VIEW</a> ✓	<a href="#">ACCEPT</a> ✓	<b>e-Signature Disclosure</b>
<a href="#">VIEW</a> ✓	<a href="#">ACCEPT</a> ✓	<b>Important Notice About Your Application for Insurance</b>
<a href="#">VIEW</a> ✓	<a href="#">ACCEPT</a> ✓	<b>Confirmation of Replacement</b>
<a href="#">VIEW</a> ✓	<a href="#">ACCEPT</a> ✓	<b>Authorization and Acknowledgements</b>
<a href="#">VIEW</a> ✓	<a href="#">ACCEPT</a> ✓	<b>Application for Life Insurance</b>

To print document, click "View" and print from that window.

### Licensed Individual

**First Lastname**

Financial Institution ABC  
 123 Main St.  
 City, ST 00000  
 999-999-9999

### FAQs

> [What is an eSignature?](#)

## Applicant's Electronic Signature

**Step 2:** Please enter your password and click "Submit" to affix your electronic signature to the Authorization and Acknowledgements and the Application for Life Insurance and submit to Prudential for review.

Applicant Password | [SIGN](#) ✓[Forgot your password?](#)

## Licensed Individual Action is Required

I am not aware of any information that indicates that this insurance may replace or cause a change in any existing life insurance policy or annuity contract.

I attest that the customer signed these documents in my presence.

Password | [SIGN](#)[Forgot your password?](#)[Return to Console](#)[Cancel Application](#)

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## Congratulations!

This application has been approved. To activate policy coverage, please provide payment information below.

### Policy Details

<b>Applicant:</b>	John F Dryden		
<b>App. State:</b>	State	<b>Date of Birth:</b>	01/01/1967
<b>Gender:</b>	Male	<b>Nicotine Use:</b>	No
<b>Plan:</b>	30 Year	<b>Insurance Amount:</b>	\$250,000
<b>Premium:</b>	\$110.03/mo	<b>Application #:</b>	L9001234

### Licensed Individual

#### First Lastname

Financial Institution ABC  
123 Main St.  
City, ST 00000  
999-999-9999

### FAQs

- > When does the coverage start?
- > What should I do if I no longer want to receive electronic communications or use this website to manage my policy?

## Initial & Recurring Payment Authorization

There is a 10-day money back guarantee. The policy owner loses nothing if they don't want to keep the policy.

| = Answer Required

Monthly Premium **\$110.03**  
Payment Type  Credit/Debit Card  EFT (Checking/Savings)

First Name |  ⓘ M.I.   
Last Name **Dryden** Suffix

Account Type |  Checking  Savings

Financial Institution |

Routing Number |  ⓘ

Account Number |  ⓘ

After the initial payment, the bank account will be charged each month. The recurring payment authorization may be canceled up to three business days prior to the scheduled payment date at [www.prudential.com/myaccess](http://www.prudential.com/myaccess) by following the instructions for payment account management. This authorization is subject to the Payment Terms & Conditions. ⓘ

Please note that customer's MyAccess account is typically ready within two business days after authorizing this payment.

## Applicant's Electronic Signature

By clicking "**Authorize**" I authorize the above payment and agree to the [Payment Terms & Conditions](#).

Applicant Password |

[Forgot your password?](#)

[Return to Console](#)

[Cancel Application](#)



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†Except in the following:

Colorado—15 days

Idaho, North Dakota, Rhode Island—20 days

New York, Wisconsin—30 days

South Carolina—31 days

California residents age 60 and older have 30 days to return their policy

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### View and Accept Policy Contract Document

Private & Secure

Thank you for your payment authorization. You must read and accept the document below. We recommend that you receive a copy for your records. This document will not be mailed to you. All your signed documents will be available on Prudential Online Account Access. Account Access is typically available two days after we receive payment.

## Pruco Life Insurance Company

Newark, New Jersey 07102

Insured KARTHINEWJERSEY

L7 001003 Policy Number

Term Life Policy. Provides a level benefit. Life insurance payable upon death within stated term period. Premiums payable during Insured's lifetime for stated premium period. After a period of level premiums, the premiums will increase annually as shown under Premium Period on page 3. Not Convertible or renewable. Non-participating.

We will pay the beneficiary the death benefit described in this contract promptly if we receive due proof that the insured died in the term period. We make this promise subject to all the provisions of this contract. The term period starts on the contract date. The anniversary at the end of the term period is part of the term period.

10-Day Right to Cancel Contract.-If you notify us of your request to cancel this contract no later than 10 days after you receive it, we will return your premiums promptly. The contract will be canceled from the start.

Signed for Pruco Life Insurance Company of New Jersey, a New Jersey Corporation.

Void Void Void Void Void Void

Secretary

President

**Applicant:** Please enter your password and click "Accept" to confirm that you understand and agree to this document.

Applicant Password

[Forgot your password?](#)

Accept

Return to Console

Cancel Application



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### Congratulations!

Payment authorization has been received. A charge in the amount of \$168.75 has been submitted to your financial institution or credit card account ending in 1234. The confirmation number is 1234567890. Please print this page.

The customer's Right to Examine The Contract begins now. The policy is effective provided we receive payment. Shortly thereafter, the online account will be ready and the customer will be able to change contact information and/or beneficiaries. A welcome email will be sent to the address provided.

#### Licensed Individual

##### First Lastname

Financial Institution ABC  
123 Main St.  
City, ST 00000  
999-999-9999

#### FAQs

- > When does the coverage start?
- > Can I cancel my policy at any time?
- > What if I want to change my beneficiaries later?

#### Policy Details

<b>Applicant:</b>	John F Dryden	<b>Date of Birth:</b>	01/01/1967
<b>App. State:</b>	State	<b>Nicotine Use:</b>	No
<b>Gender:</b>	Male	<b>Insurance Amount:</b>	\$250,000
<b>Plan:</b>	30 Year	<b>Policy #:</b>	L9001234
<b>Premium:</b>	\$110.03/mo		

### View, Print, Save Applicant's Documents

The forms below require the [Adobe Acrobat Reader](#) for viewing.

- [VIEW](#) Insurance Contract
- [VIEW](#) Policy Summary
- [VIEW](#) Important Information
- [VIEW](#) e-Signature Disclosure
- [VIEW](#) Important Notice About Your Application for Insurance
- [VIEW](#) Confirmation of Replacement
- [VIEW](#) Authorization and Acknowledgements

### How did you hear about MyTerm?

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