

3. Authorization

Yes No I am enrolling for insurance issued by The Prudential Insurance Company of America as indicated on the previous page and
 authorize my employer to deduct the required contribution from my paycheck. I certify that the information contained in this
enrollment form is true and complete, and understand that my contribution is based on that information. I also understand
that there are criminal and civil penalties for giving false information, including but not limited to fines and confinement in
prison. Detailed and state-specific warnings appear below.

IMPORTANT NOTICE:

**For residents of all states except Florida, New Jersey, New York, Pennsylvania, Utah, Virginia, Vermont and Washington -
WARNING:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing
that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing
an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a
crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including
confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided
by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

Employee Signature (Sign in ink.) _____ Date _____

Please indicate your beneficiary designations(s) on the next page.

4. Employee Beneficiary Designations

Last Name	First Name	MI	Social Security Number
-----------	------------	----	------------------------

I designate the following beneficiary(ies) to receive my insurance proceeds. I understand that the primary beneficiary(ies) will receive payment upon my death. If all primary beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies). If no beneficiary is named, or no beneficiary survives me, payment will be made according to the terms of the Group Contract. I can change my beneficiary in the future by completing a new Beneficiary Designation Section. Insurance proceeds from Dependent Term Life Insurance coverage will be paid to me.

Primary Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		
Primary Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		
Contingent Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		
Contingent Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		
Contingent Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		
Contingent Beneficiary				Relationship to You	Share to Beneficiary* <small>(Use %, \$ amount, or fractions)</small>
Last Name	First Name	MI	Social Security Number		
No. Street	City	State	ZIP Code		

*If more than one primary or contingent beneficiary is designated, the total shares must equal 100% of your death benefit.

Employee Signature (Sign in ink.) _____ Date _____

Refer to the Booklet-Certificate for all plan details, including any exclusions, limitations, and restrictions, which may apply. Basic Term Life, Optional Term Life and Dependent Term Life coverage(s) are issued by The Prudential Insurance Company of America. Contract provisions may vary by state. (Contract Series: 83500.)

Prudential Financial and the Rock logo are registered service marks of The Prudential Insurance Company of America and its affiliates.