

Exhibit A

**Prudential**Case:23-04021-EJC Doc#:1-1 Filed:12/28/23 Entered:12/28/23 15:20:32 Page:2 of 32
CONSENT FOR ELECTRONIC POLICY DELIVERYThe Prudential Insurance Company of America
Pruco Life Insurance Company of New Jersey
Pruco Life Insurance Company

All are Prudential Financial companies

POLICY NUMBER (IF KNOWN): **L7000224**PROPOSED INSURED: **GREGORY HIRSCH****TERMS AND CONDITIONS, ELECTRONIC SIGNATURE, AND ELECTRONIC DELIVERY CONSENT****THE FOLLOWING TERMS AND CONDITIONS GOVERN ELECTRONIC DOCUMENT DELIVERY FOR LIFE INSURANCE PRODUCTS WITH PRUDENTIAL.**

Your consent is voluntary. In order to receive and submit life insurance documents electronically, you must first consent to electronic delivery and submission of documents. Read the following terms and conditions and if you wish to consent to electronic delivery and submission, complete the Electronic Policy Delivery Contact Information and Signatures sections below and return the form to your representative. If you do not wish to sign your documents online or receive documents electronically, do not complete or sign this form. Not all life insurance policies are eligible to be delivered electronically.

By completing the Electronic Policy Delivery Contact Information and Signatures sections, I confirm the following statements:

- I consent to applying an electronic signature to all forms signed during the life insurance policy process and to electronic delivery of all records, including any policy issued, along with all disclosures, confirmations, statements and other communications permitted by law to be sent electronically.
- I agree that this consent is effective on the date I affix my signature below.
- I understand that I have the right to withdraw such consent at any time by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that I can opt out of electronic delivery and usage of electronic transmissions and records at any time by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that the policy is not complete until all signatures (including those by me, the representative, and other authorized individuals, if required) are captured and the policy documents are submitted to Prudential.
- I confirm that the contact number provided for the delivery of an authentication code belongs to me.
- I consent to receiving an automated message (voice or text) containing an authentication code via the delivery method selected.
- I understand that I will receive an email with a link that will allow me to access electronically delivered documents. I further understand that I have 90 days to view and electronically sign the documents, unless the company voids the transaction, the insured and/or policyowner declines to sign the documents, or all parties sign the documents. Once voided, declined, or signed the electronically delivered documents will be accessible for 14 days. I have the option to print or save copies of the documents during this period.
- I have the option to receive one free paper copy of any electronically transmitted record, if requested, by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that the proposed insured and the policyowner (if different than the insured) will receive the above-mentioned email link at the email address(es) provided in the Electronic Policy Delivery Contact Information section.
- I understand that in the event my personal contact information changes or if I detect any errors in the information I've provided, I must immediately notify Prudential of the changes/error by contacting my representative or Prudential at www.prudential.com/myaccess.
- I understand that at the time I attempt to access my documents electronically, I must have access to the authentication code delivery contact number and authentication code delivery method populated below.
- I understand that to access my documents electronically, I must have access to a computer that is capable of supporting internet access and a compatible browser application along with a personal email address. Compatible browsers include current versions of Chrome, Mozilla Firefox, Internet Explorer for Windows, Safari, and Windows Edge. I must also have software that allows me to view PDF files, such as Adobe Reader or a browser plug in.

By signing below, you agree to be legally bound as if you had signed the electronically delivered life insurance policy and other documents with a handwritten signature, and you acknowledge that you have reviewed and agree to the above terms and conditions.

Your electronic signature can only be affixed to a document using your confidential password. Your signature is never stored by Prudential for use on another document.

You may retain a copy of these Terms and Conditions for your records. If you have any questions, please contact your representative.

Prudential's contact information can be found at www.prudential.com/myaccess.

The email address(es) provided will receive a confirmation email from ili.lnb.support.edelivery@prudential.com and/or your financial professional.

The life insurance policy and other documents may be delivered electronically when the following requirements have been met:

1. *Consent for Electronic Policy Delivery* (ORD 115309) is fully completed, signed by the insured and policyowner (if different than the insured), and submitted to the Company.
2. The insured and policyowner (if different than the insured) receive and complete the validation email sent to the email address(es) provided to the Company.
3. The signing producer has a valid electronic delivery agreement in place with the Company.

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ELECTRONIC POLICY DELIVERY CONTACT INFORMATION

The email address(es) provided will only be used for electronic policy delivery. The authentication code delivery contact number and delivery method will only be used to deliver an authentication access code, which is required to access your electronic policy package. The email address(es) and contact information may differ from the information provided on the Application for Life Insurance.

A. Proposed Insured Electronic Policy Delivery Preferences

1. Email address: GREG@CPA-HT.COM
2. Authentication code delivery method: ☒ Text ☐ Voice Call
3. Authentication code delivery contact number: REDACTED

B. Policyowner Electronic Policy Delivery Preferences (complete if policyowner is different than proposed insured)

1. Email address: _____
2. Authentication code delivery method: ☐ Text ☐ Voice Call
3. Authentication code delivery contact number: _____

Definitions: The term "Company" refers to the company named at the beginning of the Application for Life Insurance.

SIGNATURES

Signature of Insured SPECIMEN

(DATE) 9/24/2020

Signature of Policyowner X

(DATE) _____

(if different than proposed insured)

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Your policy, Our promise.

PROTECTING WHAT MATTERS

Congratulations on taking a critical step toward accomplishing your financial goals. Since 1875, we have had the privilege of helping people to achieve greater financial security and peace of mind. It is a tradition that we are proud of, and it's the foundation of what we do.

Thank you for placing your trust in Prudential. We appreciate your business and the opportunity to serve you.



Life Insurance is issued by The Prudential Insurance Company of America, and its affiliates located at 213 Washington Street, Newark, NJ 07102.

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The following information is provided to you by the Social Security Administration and the Health Care Financing Administration . . .

What You Should Know About "Accelerated Death Benefits" and Your Medicare, SSI, and Medicaid

WHAT ARE "ACCELERATED DEATH BENEFITS"?

A life insurance company, or other business, may offer to pay the owner of a life insurance policy money that would normally go only to the named beneficiary of the policy after the insured's death. These payments to the owner are sometimes referred to as "accelerated death benefits". The owner of the policy may be able to receive this type of payment if the person insured by the policy is terminally ill or permanently confined to a nursing home. Each company has its own rules concerning accelerated death benefits.

Accelerated death benefits may be paid out in one lump sum or in smaller monthly amounts. The company decides if the policyholder is eligible and, if so, how much money the policyholder can receive.

DO "ACCELERATED DEATH BENEFITS" AFFECT MEDICARE?

If you are eligible for Medicare, your Medicare Part A (Hospital) coverage will not be affected in any way if you are eligible for accelerated death benefits, regardless of whether you choose to receive the accelerated death benefits or not. If you receive accelerated death benefits and if those benefits make you ineligible for both SSI and Medicaid, you may not be eligible for State payment of the premiums for your Medicare Part B (Medical Insurance) coverage. This would mean you would have to pay the Part B premiums yourself.

HOW DO "ACCELERATED DEATH BENEFITS" AFFECT SSI AND MEDICAID?

When the Social Security office and the Medicaid office figure out how much Supplemental Security Income (SSI) you can get and if you are eligible for Medicaid, they look at your income and resources.

If you are eligible to receive an accelerated death benefit but choose not to receive it, your SSI or Medicaid will not be affected in any way. You will not have to file for accelerated death benefits in order to begin to receive, or continue to receive, SSI or Medicaid.

If you choose to receive an accelerated death benefit, Social Security will count it as part of your income when they figure out if they can pay SSI, and, if so, how much SSI they can pay. An accelerated death benefit may make your SSI check smaller, or it may mean that you cannot keep getting SSI checks. It may also mean that you cannot keep getting Medicaid or that you may have to pay part of the cost of your medical care.

If you get accelerated death benefit and some of it is still unspent the next month, the amount that is unspent is counted as a resource. If all of your countable resources add up to more than \$2,000 (\$3,000 for a couple), your SSI checks may be stopped. You may also lose Medicaid.

If your SSI checks are stopped because you get accelerated death benefits and your income goes down or your countable resources drop below the limit, your SSI checks could start again. You could also start getting Medicaid again.

HOW CAN YOU FIND OUT MORE ABOUT THE EFFECT OF "ACCELERATED DEATH BENEFITS" ON SSI AND MEDICAID?

To find out more, call the Social Security Administration. The people there can explain how accelerated death benefits could affect your SSI. They can also tell you how to contact your State Medicaid agency. The State agency can explain how these benefits could affect your Medicaid.

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Pruco Life Insurance Company
 213 Washington Street, Newark, NJ 07102
 A Prudential Company
 www.prudential.com
 800-778-2255

Insured GREGORY HIRSCH

L7 000 224 **Policy Number**
 JUL 15, 2020 **Contract Date**

Agency X - KABX - E

Individual 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 the Schedule of Premiums on page 3. Premiums are subject to change on a class basis on and after the Level Premium End Date shown on page 3. Convertible as follows, but not renewable. If the issue age of this contract is 59 or younger you must ask for the conversion on or before the earlier of (a) the Level Premium End Date shown on page 3 and (b) the contract anniversary on or immediately following the Insured's 65th birthday. If the issue age of this contract is 60 or above, you must ask for the conversion on or before the fifth contract anniversary. **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.

If there is ever a question about this contract, just see a Pruco Life Insurance Company representative or contact one of our offices.

Right to Cancel Contract

You may return this contract to us on or before the tenth day after the delivery of the contract. (If the purchase of this contract is a replacement under state law, this duration will be extended to a minimum of 30 days or longer as required by law.) All you have to do is take the contract or mail it to one of our offices or to the representative who sold it to you. It will be canceled and we will return your premium.

Signed for Pruco Life Insurance Company,
 an Arizona Corporation.

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Secretary

President

PLEASE READ YOUR POLICY CAREFULLY; it is a legal contract between you and Pruco Life Insurance Company.

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A copy of the application and any riders or endorsements can be found at the end of the contract.

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CONTRACT DATA**Insured**

GREGORY HIRSCH Male, Issue Age 56

Rating Class

Preferred Best

Basic Contract Information

| | |
|----------------|-----------------------|
| Policy Number | L7 000 224 |
| Contract Date | July 15, 2020 |
| Term Period | 39 years |
| Premium Period | 39 years |
| Level Premium | |
| End Date | July 15, 2030 |
| Beneficiary | JUDITH HIRSCH, spouse |

Insurance Department Contact Information

Georgia Department of Insurance
Telephone Number: 404-656-2056

Life Insurance on the Insured

| | |
|--------------|----------------|
| Basic Amount | \$5,000,000.00 |
|--------------|----------------|

Other Benefit(s) on the Insured (see appropriate form for details)

Rider ORD 87241 - Settlement Options to Provide Acceleration of Death Benefits.

Schedule of Premiums

Contract Premiums are guaranteed until the Level Premium End Date. On and after the Level Premium End Date, Contract Premiums may be increased or decreased but will not exceed the Maximum Premiums shown for that year. (See Changes in Premium Rates.)

Total Initial Premium on Contract Date for the following modes:

| | | | |
|------------|-------------|------------|----------|
| Annual | Semi-annual | Quarterly | Monthly |
| \$7,935.00 | \$4,046.85 | \$2,063.10 | \$694.32 |

CONTRACT DATA CONTINUED ON NEXT PAGE

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CONTRACT DATA CONTINUED

Contract premiums are due on the contract date and every 1 months after that date. The monthly premium is \$694.32 and changes as shown below. We may charge less than the Guaranteed Maximum Premium.

| Premium Change Date(s) | Monthly Contract Premiums | Guaranteed Maximum Monthly Premiums |
|------------------------|---------------------------|-------------------------------------|
| JUL 15, 2030 | \$3,100.57 | \$21,799.32 |
| JUL 15, 2031 | \$5,476.19 | \$21,799.32 |
| JUL 15, 2032 | \$7,847.44 | \$21,799.32 |
| JUL 15, 2033 | \$10,223.07 | \$21,799.32 |
| JUL 15, 2034 | \$12,598.69 | \$21,799.32 |
| JUL 15, 2035 | \$14,974.32 | \$21,799.32 |
| JUL 15, 2036 | \$17,349.94 | \$30,619.32 |
| JUL 15, 2037 | \$19,852.44 | \$34,552.44 |
| JUL 15, 2038 | \$22,709.32 | \$38,949.32 |
| JUL 15, 2039 | \$25,911.82 | \$43,770.57 |
| JUL 15, 2040 | \$29,481.82 | \$49,038.07 |
| JUL 15, 2041 | \$33,471.82 | \$54,813.07 |
| JUL 15, 2042 | \$38,008.69 | \$61,257.44 |
| JUL 15, 2043 | \$43,263.07 | \$68,624.94 |
| JUL 15, 2044 | \$49,335.57 | \$77,230.57 |
| JUL 15, 2045 | \$56,248.07 | \$87,104.94 |
| JUL 15, 2046 | \$64,184.32 | \$98,344.32 |
| JUL 15, 2047 | \$73,446.19 | \$111,346.82 |
| JUL 15, 2048 | \$84,252.44 | \$126,366.19 |
| JUL 15, 2049 | \$96,856.82 | \$143,669.32 |
| JUL 15, 2050 | \$111,460.57 | \$163,501.19 |
| JUL 15, 2051 | \$128,208.07 | \$185,931.82 |
| JUL 15, 2052 | \$146,884.94 | \$210,554.32 |
| JUL 15, 2053 | \$167,119.32 | \$236,769.32 |
| JUL 15, 2054 | \$188,701.19 | \$263,553.07 |
| JUL 15, 2055 | \$211,083.69 | \$289,921.19 |
| JUL 15, 2056 | \$233,636.82 | \$315,584.94 |
| JUL 15, 2057 | \$255,748.07 | \$339,839.94 |
| JUL 15, 2058 | \$276,419.94 | \$361,461.19 |

Each contract premium for the basic amount includes a monthly policy fee of \$7.44.

END OF CONTRACT DATA

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DEFINITIONS

We, our, us and Pruco Life. - Pruco Life Insurance Company.

You and Your. - The owner of the contract.

Insured. - The person named as the Insured on the first page. He or she need not be the owner.

Issue Date. - The contract date shown on the first page.

Anniversary or contract anniversary. - The same day and month as the contract date in each later year.

Contract Year. - A year that starts on the contract date or on an anniversary.

Company Representative. - Pruco Life licensed producers and brokers authorized to sell Pruco Life products.

THE CONTRACT

Entire Contract

This policy and any attached copy of a rider, endorsement, and application, including an application requesting a change, form the entire contract. We assume that all statements in an application are made to the best of the knowledge and belief of the person(s) who make them; in the absence of fraud, they are deemed to be representations and not warranties. We rely on those statements when we issue the contract and when we change it. We will not use any statement, unless made in an application, to try to void the contract, to contest a change, or to deny a claim.

Contract Modifications

Only a Pruco Life officer with the rank or title of vice president may agree to modify this contract, and then only in writing.

Incontestability

Except for non-payment of premium, we will not contest this contract after it has been in force during the Insured's lifetime for two years from the issue date. We will not contest this contract for statements made in an application for reinstatement after the policy has been in force and the insured has been alive for two years from the date of reinstatement.

OWNERSHIP

Unless a different owner is named in the application, the owner of the contract is the Insured. If a different owner is named, we will show that owner in an endorsement to the contract. This ownership arrangement will remain in effect unless you ask us to change it.

You may change the ownership of the contract by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request in a form that meets our needs, and the contract if we ask for it, we will file and record the change at our Home Office, and unless a different future effective date is specified by you, it will take effect on the date you signed the request. Any rights created by your request will not apply to any payments we have made or actions we have taken before the request was received and recorded at our Home Office. If you request an effective date after the date we have received and recorded your request, any rights created by your request will not apply to any payments we have made or actions we have taken prior to your chosen effective date. If the owner is a joint owner, all rights under this contract will be equally shared. If there is a contingent owner, all rights under this policy will remain with the primary owner during the primary owner's lifetime.

While the Insured is living, the owner alone is entitled to any contract benefit and value, and to the exercise of any right and privilege granted by the contract or by us.

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DEATH BENEFITS

If the Insured dies in the term period, we will pay a benefit at the Insured's death (except as we state in the Suicide Exclusion) if this contract is in force at the time of death; that is, the initial premium has been paid and no premium is past due beyond the 31-day grace period we describe under Premium Payment.

The benefit payable at the Insured's death will be equal to the Life Insurance on the Insured as described on a contract data page, plus a return of any unearned premium paid by you less any past due premium.

This contract may provide other benefits on the death of the Insured or benefits on the death of other insureds. If it does, each benefit will be listed on a contract data page, and a form describing the benefit and the conditions under which it is payable will be included in this contract. Any such benefit will be payable only if the contract is in force, unless the form that describes the benefit states otherwise.

Unearned Premium

When we pay a death benefit on the Insured, we will return that part of any premium paid by you that covers the period after the date of death.

Interest on Death Benefit

Any death benefit described above that is requested as a single sum will be credited with interest from the date of death at a rate at least equal to the effective annual rate declared by us for funds left on deposit (See Settlement Options). We will use the rate that is in effect on the date of death.

Interest shall accrue on the death benefit at the rate described above plus additional interest at a rate of 10% annually beginning 31 calendar days from the latest of the following dates:

- (a) the date that we have received due proof of the death of the Insured,
- (b) the date we receive all the information we need to be able to determine the beneficiary(ies) and what we owe them, and
- (c) the date that any legal impediments to the payment of the death benefit have been resolved. Such legal impediments may include, but are not limited to, the establishment of legal guardians, appointment of trustees or executors, or the need for additional information required by state and federal reporting requirements.

We may credit additional interest in accordance with our current guidelines or applicable law at the time of claim. This provision does not apply to proceeds left with us or payments made under optional modes of settlement described in the Settlement Options provision.

Suicide Exclusion

If the Insured, whether sane or insane, dies by suicide within two years from the issue date, this contract will end without any death benefit paid, and we will return the premiums paid.

If the Insured, whether sane or insane, dies by suicide within two years from the effective date of this policy's reinstatement, this contract will end without any death benefit paid, and we will return the reinstatement charge and any premiums paid after the reinstatement date.

Method of Payment

You may choose to have any death benefit paid in a single sum or under one of the optional modes of settlement shown in the Settlement Options provision.

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BENEFICIARY

You may designate or change a beneficiary by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. If we receive your request, and the contract if we ask for it, we will file and record the change at our Home Office and, unless a different future effective date is specified by you, it will take effect on the date you signed the request. Any rights created by your request will not apply to any payment(s) we have made or actions we have taken before your request was received and recorded. If you request an effective date after the date we have received and recorded your request, any rights created by your request will not apply to any payments we have made or actions we have taken prior to your chosen effective date. Any beneficiary's interest is subject to the rights of any assignee we know of.

When a beneficiary is designated, any relationship shown is to the Insured, unless otherwise stated. To show priority, we may use numbered classes, so that the class with first priority is called class 1, the class with next priority is called class 2, and so on. When we use numbered classes, these statements apply to beneficiaries unless the form states otherwise:

1. One who survives the Insured will have the right to be paid only if no one in a prior class survives the Insured.
2. One who has the right to be paid will be the only one paid if no one else in the same class survives the Insured.
3. Two or more in the same class who have the right to be paid will be paid in equal shares.
4. If none survives the Insured, we will pay in one sum to the Insured's estate.

Before we make a payment, we have the right to decide what proof we need of the identity, age or any other facts about any persons designated as beneficiaries. If beneficiaries are not designated by name and we make payment(s) based on that proof, we will not have to make the payment(s) again.

CONVERSION TO ANOTHER PLAN OF INSURANCE

Right to Convert

You may convert this contract to a new contract of life insurance on the Insured's life. You will not have to prove that the Insured is insurable. The Incontestability and Suicide Exclusion provisions of the new contract will be measured from the issue date of the original policy.

Conditions

You must ask for the conversion in a form that meets our needs, while this contract is in force, and on or before the following date:

If the issue age of this contract is 59 or younger you must ask for the conversion on or before the earlier of (a) the Level Premium End Date shown on page 3 and (b) the contract anniversary on or immediately following the Insured's 65th birthday.

If the issue age of this contract is 60 or above, you must ask for the conversion on or before the fifth contract anniversary.

We may require you to send us the contract.

The new contract will not take effect unless the premium for it is paid while the Insured is living and within 31 days after its contract date. If the premium is paid as we state, it will be deemed that the new contract took effect on its contract date and that this contract ended just before that date. We will return that part, if any, of the last premium paid for this contract that is more than was needed to pay premiums to the contract date of the new contract.

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You may choose any contract date for the new contract that is (a) not after the date to which premiums are paid for this contract, (b) not after the 60th day following the date we receive your request, (c) not after the date described in the second and third paragraphs under Conditions, and (d) not more than 31 days prior to the date we receive your request.

Contract Specifications

The new contract will be in the same or equivalent rating class as this contract. We will set the issue age and the premiums for the new contract in accordance with our regular rules in use on its contract date.

Except as we state in the next sentence, the new contract may be any life policy we or The Prudential Insurance Company of America regularly issue on its contract date for the same or equivalent rating class, amount, issue age, and sex (if applicable). It may not be: one that insures anyone in addition to the Insured or one that includes or provides for term insurance. We require full underwriting for new contracts if a Type C death benefit option is requested.

The basic amount of the new contract may be any amount you ask for as long as it is at least \$25,000 and not more than the basic amount of this contract. We will always make available at least one policy for conversion with a minimum basic amount of \$25,000. If the basic amount of the new contract is less than \$100,000, the new contract will not be eligible for preferred rates.

If this contract has a benefit for waiving premiums in the event of disability, we will include a benefit for waiving premiums in the new contract if we would include a waiver benefit in other contracts like the new one.

We will not deny a benefit for waiving premiums that we would have allowed under this contract, and that we would otherwise allow under the new contract, just because disability started before the contract date of the new contract. But any premium to be waived for disability under the new contract must be at the frequency that was in effect for this contract when the disability started. We will not waive any premium under the new contract unless it has a benefit for waiving premiums in the event of disability, even if we have waived premiums under this contract.

If this contract has an accidental death benefit, we will include an accidental death benefit in the new contract if we would regularly issue contracts like the new contract with that benefit. But you must ask for the benefit in your request for conversion, and the basic amount of the new contract must be no larger than the basic amount of this contract. The amount of the accidental death benefit in the new contract will be the smaller of the basic amount of the new contract and the amount of the accidental death benefit in this contract.

Any benefit for waiving premiums and any accidental death benefit in the new contract will be the same one with the same provisions that we put in other contracts like it on the new contract date. In any of these paragraphs, when we refer to other contracts, we mean contracts we would regularly issue on the same plan as the new contract and for the same rating class, amount, issue age and sex (if applicable).

PREMIUM PAYMENT**Payment of Premiums**

The schedule of premiums shows the amounts of the premiums and when they are due. These premiums are due only while the Insured is living and only during the premium period. The initial premium must be received by us on or before the contract date.

Change of Frequency

If you ask us and we agree, you may change the frequency of premium payments. The more often premiums are due, the larger the total amount that will have to be paid for a contract year.

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Grace Period

We provide a 31-day grace period for paying each premium except the first one. If the premium has not been paid by its due date, the contract will stay in force during the grace period. If the premium has not been paid to us or postmarked by the end of the grace period, the contract will end and have no value.

Premium Amounts

The Schedule of Premiums in the contract data pages shows the premiums due starting on the contract date and the frequency of payments due. At the end of the level premium period, the contract premiums will increase starting on the Level Premium End Date that is shown in the contract data pages. The Schedule of Premiums shows the Premium Change Dates for each subsequent contract year and the Guaranteed Maximum Premiums based on the same frequency of payments shown in the contract data pages. Premiums are due only while the Insured is living and only during the premium period.

Changes in Premium Rates

The initial schedule of premium rates is shown on page 3A. Subject to the Guaranteed Maximum Premiums, we have the right to change premium rates due on and after the Level Premium End Date shown on page 3. But we will not exercise this right more than once each contract year. Any changes to the schedule of premium rates will consider one or more factors such as, but not limited to, mortality, persistency, expenses, taxes, and investment earnings and profit. Any changes will be based on our future expectations with respect to any one or more of the factors we use to determine such changes. Any changes in premium rates will be on a class basis as we determine. All changes will be determined only prospectively. Any premium change will be made on a contract anniversary, and you will be notified of it in advance of that anniversary. This provision does not apply to any rider attached to this policy.

REINSTATEMENT

You may reinstate this contract after the grace period of a past due premium if:

1. the term period has not ended; and
2. the premium payment is not past due more than five years.

We may require that you prove to us that the Insured is insurable for the contract.

If the policy is reinstated before the Level Premium End Date, you must pay all overdue premiums.

If the policy is reinstated on or after the Level Premium End Date, you must pay one month's premium to cover the grace period and a pro-rata premium for the period from the reinstatement date to the next premium due date.

We may also charge compound interest on any overdue premium at a rate of up to 6% per year. The date of reinstatement will be the date we approve your request.

GENERAL PROVISIONS**Conformity with Interstate Insurance Product Regulation Commission Standards**

The provisions of this contract were approved and issued under the authority of the Interstate Insurance Product Regulation Commission. Any provision of the policy that on the provision's effective date is in conflict with the applicable Interstate Insurance Product Regulation Commission standards in effect as of the provision's effective date of Commission policy approval will hereby be amended to conform to the applicable Interstate Insurance Product Regulation Commission standards for this product type in effect as of the provision's effective date of Commission policy approval.

SPECIMEN

Any money we pay, or that is paid to us, must be in United States currency. Any amount we owe will be payable at our Corporate Office.

Misstatement of Age or Sex

If the Insured's stated age and/or sex (if applicable) are not correct, we will change each benefit and any amount to be paid to what the most recent premium would have bought at the Insured's correct age and/or sex (if applicable).

The Schedule of Premiums may show that premiums change or stop on a certain date. We may have used that date because the Insured would attain a certain age on that date. If we find that the issue age was wrong, we will correct that date.

Cancellation

If you ask us in a form that meets our needs and while no premium is past due, we will cancel this contract on the date we receive your request. On that date, the contract will end and have no value. We will return that part of the last premium paid by you that covers the period after the cancellation date.

Assignment

You may request an assignment of your contract by sending us a request in a form that meets our needs. We may ask you to send us the contract to be endorsed. We will not be deemed to know of an assignment unless we receive it, or a copy of it, at our Home Office. If we receive your request in a form that meets our needs and the contract if we ask for it, we will file and record the assignment at our Home Office, and unless a different future effective date is otherwise specified by you, it will take effect on the date you signed the request. We are not obliged to see that an assignment is valid or sufficient. Any rights created by your request will not apply to any payments we have made or actions we have taken before the assignment was received and recorded at our Home Office. If you request an effective date after the date we have received and recorded your request, any rights created by your request will not apply to any payments we have made or actions we have taken prior to your chosen effective date. This contract may not be assigned if such assignment would violate any federal, state, or local law or regulation prohibiting sex distinct rates for insurance (if applicable).

Non-participating

This contract will not share in our profits or surplus earnings. We will pay no dividends on it.

SETTLEMENT OPTIONS**Options Described**

You may choose to have any death benefit paid in a single sum or under one of the optional modes of settlement described below.

If the person who is to receive the proceeds of this contract wishes to take advantage of one of these optional modes, we will furnish, on request, details of the options we describe below or any others we may have available at the time the proceeds become payable.

Any annuity benefits, at the time they commence, will not be less than those that would be provided by the application of the proceeds to purchase a single consideration immediate annuity contract at purchase rates offered by the Company at the time to the same class of annuitants, whether the annuity benefits are payable in fixed or variable amounts or both, if the Company offers a single consideration annuity contract at the time to the same class of annuitants.

Option 1 (Installments for a Fixed Period)

We will make equal payments for up to 25 years. The Option 1 Table shows the minimum amounts we will pay.

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We will make equal monthly payments for as long as the person on whose life the settlement is based lives, with payments certain for 120 months. The Option 2 Table shows the minimum amounts we will pay. But, we must have proof of the date of birth of the person on whose life the settlement is based.

Option 3 (Interest Payment)

We will hold an amount at interest. We will pay the interest annually, semi-annually, quarterly, or monthly.

Option 4 (Installments of a Fixed Amount)

We will make equal annual, semi-annual, quarterly, or monthly payments for as long as the available proceeds provide.

Option 5 (Non-Participating Income)

We will make payments like those of any annuity we then regularly issue that: (1) is based on United States currency; (2) is bought by a single sum; (3) does not provide for dividends; and (4) does not normally provide for deferral of the first payment. Each payment will be at least equal to what we would pay under that kind of annuity with its first payment due on its contract date. If a life income is chosen, we must have proof of the date of birth of any person on whose life the option is based. Option 5 cannot be chosen more than 30 days before the due date of the first payment.

Interest Rate

Payments under Options 1 and 4 will be calculated assuming an effective interest rate of at least 0.75% a year for periods less than 10 years and 1.5% for periods between 10 and 25 years. Payments under Option 3 will be calculated assuming an effective interest rate of at least 0.50% a year.

For Option 2 we use the Annuity 2000 Mortality Table at 3% interest. The mortality rates used from this table are the ones for an age that is two years younger than the age of the person who is to receive the proceeds of this contract.

We may include more interest.

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SETTLEMENT OPTIONS TABLES

OPTION 1 TABLE

| MINIMUM AMOUNT OF MONTHLY PAYMENT FOR EACH \$1,000, THE FIRST PAYABLE IMMEDIATELY | |
|--|-----------------|
| Number of Years | Monthly Payment |
| 1 | \$83.62 |
| 2 | 41.97 |
| 3 | 28.08 |
| 4 | 21.14 |
| 5 | 16.97 |
| 6 | 14.20 |
| 7 | 12.22 |
| 8 | 10.73 |
| 9 | 9.57 |
| 10 | 8.96 |
| 11 | 8.21 |
| 12 | 7.58 |
| 13 | 7.05 |
| 14 | 6.59 |
| 15 | 6.20 |
| 16 | 5.85 |
| 17 | 5.55 |
| 18 | 5.27 |
| 19 | 5.03 |
| 20 | 4.81 |
| 21 | 4.62 |
| 22 | 4.44 |
| 23 | 4.28 |
| 24 | 4.13 |
| 25 | 3.99 |
| For Years 1 through 9, multiply the monthly amount by 2.998 for quarterly, 5.991 for semi-annual or 11.959 for annual. | |
| For Years 10 through 25, multiply the monthly amount by 2.996 for quarterly, 5.981 for semi-annual or 11.919 for annual. | |

OPTION 2 TABLE

| MINIMUM AMOUNT OF MONTHLY PAYMENT FOR EACH \$1,000, THE FIRST PAYABLE IMMEDIATELY | | | | | |
|---|--------|--------|-------------------|--------|--------|
| AGE LAST BIRTHDAY | Male | Female | AGE LAST BIRTHDAY | Male | Female |
| 5 and under | \$2.72 | \$2.68 | 48 | \$3.72 | \$3.51 |
| 6 | 2.73 | 2.69 | 49 | 3.77 | 3.56 |
| 7 | 2.74 | 2.69 | 50 | 3.83 | 3.61 |
| 8 | 2.75 | 2.70 | 51 | 3.88 | 3.66 |
| 9 | 2.76 | 2.71 | 52 | 3.95 | 3.71 |
| 10 | 2.77 | 2.72 | 53 | 4.01 | 3.76 |
| 11 | 2.78 | 2.73 | 54 | 4.08 | 3.82 |
| 12 | 2.79 | 2.74 | 55 | 4.15 | 3.88 |
| 13 | 2.80 | 2.75 | 56 | 4.22 | 3.94 |
| 14 | 2.82 | 2.76 | 57 | 4.30 | 4.01 |
| 15 | 2.83 | 2.77 | 58 | 4.38 | 4.08 |
| 16 | 2.84 | 2.78 | 59 | 4.47 | 4.16 |
| 17 | 2.85 | 2.79 | 60 | 4.56 | 4.24 |
| 18 | 2.87 | 2.80 | 61 | 4.66 | 4.32 |
| 19 | 2.88 | 2.81 | 62 | 4.76 | 4.41 |
| 20 | 2.89 | 2.83 | 63 | 4.87 | 4.50 |
| 21 | 2.91 | 2.84 | 64 | 4.98 | 4.60 |
| 22 | 2.93 | 2.85 | 65 | 5.10 | 4.71 |
| 23 | 2.94 | 2.87 | 66 | 5.23 | 4.82 |
| 24 | 2.96 | 2.88 | 67 | 5.36 | 4.94 |
| 25 | 2.98 | 2.90 | 68 | 5.49 | 5.06 |
| 26 | 3.00 | 2.91 | 69 | 5.64 | 5.19 |
| 27 | 3.01 | 2.93 | 70 | 5.78 | 5.33 |
| 28 | 3.03 | 2.94 | 71 | 5.94 | 5.48 |
| 29 | 3.06 | 2.96 | 72 | 6.10 | 5.63 |
| 30 | 3.08 | 2.98 | 73 | 6.26 | 5.79 |
| 31 | 3.10 | 3.00 | 74 | 6.43 | 5.96 |
| 32 | 3.13 | 3.02 | 75 | 6.60 | 6.14 |
| 33 | 3.15 | 3.04 | 76 | 6.78 | 6.33 |
| 34 | 3.18 | 3.07 | 77 | 6.95 | 6.52 |
| 35 | 3.21 | 3.09 | 78 | 7.13 | 6.71 |
| 36 | 3.23 | 3.11 | 79 | 7.31 | 6.92 |
| 37 | 3.27 | 3.14 | 80 | 7.49 | 7.12 |
| 38 | 3.30 | 3.16 | 81 | 7.67 | 7.33 |
| 39 | 3.33 | 3.19 | 82 | 7.85 | 7.53 |
| 40 | 3.37 | 3.22 | 83 | 8.02 | 7.73 |
| 41 | 3.40 | 3.25 | 84 | 8.18 | 7.93 |
| 42 | 3.44 | 3.29 | 85 | 8.33 | 8.12 |
| 43 | 3.48 | 3.32 | 86 | 8.48 | 8.29 |
| 44 | 3.53 | 3.35 | 87 | 8.62 | 8.46 |
| 45 | 3.57 | 3.39 | 88 | 8.75 | 8.61 |
| 46 | 3.62 | 3.43 | 89 | 8.87 | 8.75 |
| 47 | 3.67 | 3.47 | 90 | 8.98 | 8.88 |
| | | | and over | | |

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SETTLEMENT OPTIONS TO PROVIDE ACCELERATION OF DEATH BENEFITS

Subject to all the provisions of this rider and of the rest of the contract, we will make the payments described below if the Insured is terminally ill or is confined to a nursing home.

This rider is non-participating. Any dividend we pay under this contract will be the same as the one we pay under a contract that is like this one in all other respects but that does not have this rider.

Definitions

Convertible Proceeds. —The proceeds we would pay under this contract at the death of the Insured, less any contract debt and any term insurance that comes from supplementary benefits (except level term insurance riders still in the conversion period and for which we charge a premium).

Benefit Base. —The value we will use to determine the monthly benefit we will pay under the terminal illness option or the nursing home option. It will be computed based on: (1) the amount of convertible proceeds you place under the option; and (2) a reduced life expectancy. When we compute the life expectancy and the benefit base, we will use our assumptions. We may change those assumptions from time to time. We will consider, among other things, the Insured's age and sex and which of the options is being applied for. We will also consider, if they apply:

1. expected future premiums;
2. future dividends at the scale in effect when we make the computation;
3. continuation of any reduction in guaranteed charges;
4. continuation of the current rate of any excess interest credited on contract values; and
5. a processing charge of up to \$150.

The benefit base for an option will be at least as great as the net cash value of the contract multiplied by the percentage of the convertible proceeds placed under that option.

Eligible Nursing Home. — An institution or special nursing unit of a hospital which meets at least one of the following requirements:

- 1) it is Medicare approved as a provider of skilled nursing care services; or
- 2) it is licensed as a skilled nursing home or as an intermediate care facility by the state in which it is located; or
- 3) it meets all the requirements listed below:
 - a. it is licensed as a nursing home by the state in which it is located;
 - b. its main function is to provide skilled, intermediate, or custodial nursing care;
 - c. it is engaged in providing continuous room and board accommodations to 3 or more persons;
 - d. it is under the supervision of a registered nurse (RN) or licensed practical nurse (LPN);
 - e. it maintains a daily medical record of each patient; and
 - f. it maintains control and records for all medications dispensed.

Institutions which primarily provide residential facilities are not eligible nursing homes.

Terminal Illness Option

To choose this option you must give us evidence that satisfies us that the Insured's life expectancy is 6 months or less; part of that evidence must be a certification by a licensed physician. This option provides equal monthly payments for 6 months. For each \$1,000 of benefit base, each payment will be at least \$168.37; this assumes an annual interest rate of 5%.

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If the Insured dies before all the payments have been made, we will pay the beneficiary in one sum. The one sum we pay will be the present value of the payments that remain; we will compute the value based on the interest rate we used to determine those payments.

If you do not want monthly payments, we will pay you the benefit base in one sum if you ask us to.

Nursing Home Option

You may choose this option if: (1) the Insured is confined to an eligible nursing home and has been confined there for all of the preceding six months; and (2) you give us evidence that satisfies us that the Insured is expected to stay in the nursing home until death. Part of that evidence must be a certification by a licensed physician. This option provides level monthly payments for the number of years shown in the table that follows. For each \$1,000 of benefit base, each payment will be at least the minimum amount shown in the table. The table uses an annual interest rate of 5%; we may use a higher rate.

| ATTAINED AGE OF INSURED | PAYMENT PERIOD IN YEARS | MINIMUM MONTHLY PAYMENT FOR EACH \$1,000 OF BENEFIT BASE |
|----------------------------|----------------------------|---|
| 64 and under | 10 | \$ 10.50 |
| 65 - 67 | 8 | 12.56 |
| 68 - 70 | 7 | 14.02 |
| 71 - 73 | 6 | 15.99 |
| 74 - 77 | 5 | 18.74 |
| 78 - 81 | 4 | 22.89 |
| 82 - 86 | 3 | 29.80 |
| 87 and over | 2 | 43.64 |

If the Insured dies before all the payments have been made, we will pay the beneficiary in one sum. The one sum we pay will be the present value of the payments that remain; we will compute the value based on the interest rate we used to determine those payments.

If we agree, you may choose a longer payment period than that shown in the table; if you do, monthly payments will be reduced so that the present value of the payments is the same. We will use an interest rate of at least 5%.

We reserve the right to set a maximum monthly benefit that we will pay under this option. If we do so, it will be at least \$ 5,000.

If you do not want monthly payments, we will pay you the benefit base in one sum if you ask us to.

Effect on Contract

The convertible proceeds will be reduced by any amount converted under one of these options.

If you convert only a part of your convertible proceeds, the contract will stay in force and premiums will be reduced. For insurance included in the convertible proceeds, values and the amount of insurance will be reduced in the same proportion as the reduction in convertible proceeds. The new premiums will be the ones that would apply if the contract had been issued at the reduced amount. Insurance not included in the convertible proceeds will not be affected.

If you convert only a part of your convertible proceeds, the convertible proceeds that remain must be at least \$ 25,000.

If you convert all of your convertible proceeds, all other benefits under the contract based on the Insured's life will end. Any insurance under the contract on the life of someone other than the Insured will stay in effect; we will waive all future premiums for that insurance.

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Conditions

Your right to be paid under one of these options is subject to the following conditions:

1. The contract must be in force other than as extended insurance.
2. You must choose the option in writing in a form that meets our needs.
3. The contract must not be assigned except to us as security for a loan.
4. We reserve the right to set a minimum of no more than \$50,000 on the amount of convertible proceeds you may place under an option.
5. You must send us the contract.
6. The main purpose of life insurance is to meet your estate planning needs. This benefit provides for the accelerated payment of life insurance proceeds. It is not meant to cause you to involuntarily invade proceeds ultimately payable to the named beneficiary. Accelerated death benefits will be made available to you on a voluntary basis only. Therefore:
 - (a) If you are required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise, you are not eligible for this benefit.
 - (b) If you are required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement, you are not eligible for this benefit.

Right to Cancel

If you ask us in writing and send us the contract, we will cancel this rider.

**Rider attached to and made part of this contract
on the Contract Date**

Pruco Life Insurance Company,

By

SPECIMEN *Stone*

Secretary

SPECIMEN

**Prudential****AMENDMENTS**

Number

L7000224

The Company is authorized to change the application for this contract, so the contract is issued:

- WITH THE CONTRACT DATE OF 07/15/2020
- WITH THE PREMIUMS PAYABLE AS PROVIDED IN THE POLICY
- WITH PART 1, INSURANCE HISTORY SECTION, QUESTION 3 DETAILS PROVIDED AS PRUDENTIAL INS, FACE AMOUNT OF \$2,000,000.00; INDIVIDUAL INSURANCE POLICY WHICH IS A LIFE PRODUCT; IS NOT BEING REPLACED AND DOES NOT INVOLVE A 1035 EXCHANGE.
- WITH EXAM, MEDICAL INFORMATION, QUESTION 5 ANSWERED AS YES, RX MITRAZAPINE FOR ANXIETY/DEPRESSION; RX AMBIEN AS NEEDED FOR SLEEP AID

The undersigned agree(s) that this form is a part of the application and is to be put in the contract.

Date

9/24/2020

Signature of Proposed Insured

DocuSigned by:

SPECIMEN

E80010E933E40E...

Signature of Producer

DocuSigned by:

GAURAV SURI

E874C03823E06A7A...

Signature of Policyowner (If other than proposed Insured)

(If policyowner is a firm or corporation, show that company's name)

By

(Signature and title of officer signing for that company)

This copy to stay in the Contract.**SPECIMEN**



Prudential

Case: 23-04021-EJC Doc#: 1-1 Filed: 12/28/23 Entered: 12/28/23 15:20:32 Page: 23 of 32
APPLICATION FOR LIFE INSURANCE

PART 1

- ☒ Pruco Life Insurance Company
☐ The Prudential Insurance Company of America
Both are Prudential Financial companies.
 Corporate Offices, Newark, New Jersey

POLICY NUMBER (IF KNOWN) _____

A. PROPOSED INSURED (POLICY OWNER UNLESS SECTION D IS COMPLETED)

1. Name: Gregory Hirsch
 2. Previous name (if changed in the last 5 yrs.): _____
 3. Social Security number: REDACTED 4. State of birth (Country if not U.S.): GEORGIA
 5. Gender: ☐ Female ☒ Male 6. Date of birth: REDACTED 7. Date policy to Save Age? ☐ Yes ☒ No
 8. Are you a permanent, legal US resident? ☒ Yes ☐ No
If No, provide country of legal residence, type and number of visa, expiration date and length of US residence: _____
 9. Driver's license issuing state: GA Number: REDACTED Expiration date: 07-16-2027
If None, why not?: _____
 10. Residence address (No PO boxes): Street 308 Megan Court, Apt _____
 City Savannah State GA ZIP 31405
 11. e-mail address: greg@cpa-ht.com
 12. Home telephone number: REDACTED Business telephone number (ext.): REDACTED
 13. Current employer name: Hirsch & Tucker
 Business address: Street _____ Suite _____
 City _____ State _____ ZIP _____
 14. Occupation: CPA
 Duties: CPA
 15. Earned annual income \$ \$600,000 Unearned annual income \$ 10000 Net worth \$ 9,000,000

B. PLAN OF INSURANCE

1. Amount of insurance applied for: \$ 5000000 Complete *Financial Supplement* with total face amounts of \$5,000,000 or more up to age 70, \$2,500,000 or more ages 71-80, \$1,000,000 or more ages 81 and up.
 2. Product applied for:
☒ Term Essential®: ☒ 10 ☐ 15 ☐ 20 ☐ 30
☐ Term Elite®: ☐ 10 ☐ 15 ☐ 20 ☐ 30
☐ PruLife® Custom Premier II (PCP II) Complete the *Variable Supplement*.
☐ PruLife® Founders Plus (PFP) Complete the *PFP Supplement*.
☐ PruLife® Index Advantage (IAUL) Complete the *IAUL Supplement*.
☐ PruLife® Essential Universal Life (EUL)
☐ PruLife® Universal Protector (UL Protector)
☐ VUL ProtectorSM (VULP) Complete the *Variable Supplement*.
☐ Other: _____
 3. For **UL and VUL products only**: Death Benefit type: ☐ Type A (Level) ☐ Type B (Variable) – **N/A for UL Protector**
☐ Type C (Return of Premium) – **N/A for UL Protector & VULP**. – Interest rate: _____%
 4. For **UL and VUL products only**: Definition of life insurance:
☐ Cash Value Accumulation Test (CVAT) ☐ Guideline Premium Test (GPT)
 5. Requested Optional Benefits: (Not all benefits are available for all products.):
☐ Waiver of Premium/Enhanced Disability Benefit
☒ Acceleration of Death Benefit (Living Needs Benefit)
☐ Accidental Death Benefit: Amount \$ _____
☐ BenefitAccess Rider Complete *BenefitAccess Rider Supplement*.
If applicable, Select Max Monthly Benefit Percentage ☐ 2% or ☐ 4%
☐ Other Riders/Benefits (indicate amount where applicable): _____
☐ Overloan Protection Rider
☐ Child Rider Complete *Child Rider Supplement*.
☐ Automatic Premium Loan
☐ Enhanced Cash Value Rider

C. PREMIUM

1. Send notices (check one): ☒ Policyowner ☐ Other recipient: _____
 Send notices (check one): ☒ Policyowner's residence ☐ Other address: _____
 Street _____ Apt _____
 City _____ State _____ ZIP _____
 2. Premium payment mode: ☐ Annual ☐ Semiannual ☐ Quarterly ☐ Monthly – Electronic Funds Transfer
 3. For non-term plans, billed premium: \$ _____



D. OWNER (COMPLETE IF OWNER IS OTHER THAN THE PROPOSED INSURED)

For multiple owners, details are to be listed in Special Requests, section H.

1. Name of owner: _____
2. Social Security/Tax identification number (SSN/TIN): _____
3. Residence address (No PO boxes): Street _____ Apt _____
City _____ State _____ ZIP _____
4. Owner's email address: _____

5a. For trust owner: Complete the Trustee Statement and Agreement (COMB 86044).

Trust date: ____ / ____ / ____

Trustee(s) _____

Type: ☐ Revocable ☐ Irrevocable ☐ Qualified Retirement Plan Trust ☐ Welfare Benefit Trust**5b. For business owner: Complete the Business Supplement.**Form: ☐ Corporation ☐ Partnership ☐ Sole proprietorship ☐ Other: _____
☐ S Corporation ☐ LLC ☐ Tax exempt**5c. For personal owner:**

Total insurance program: Currently in-force: \$ _____ Pending applications: \$ _____

Relationship to Proposed Insured: _____ Date of birth: ____ / ____ / ____

Earned annual income: \$ _____ Unearned annual income: \$ _____ Net worth: \$ _____

E. BENEFICIARY DETAILS

If insurance is for business purposes, also complete the Business Insurance Supplement. If beneficiary is a trust, provide name of trust and trustee(s), date of trust and if trust is revocable or irrevocable. If beneficiary is a business, please list name of business, city and state where located and the form of business.

| Name: First | Middle | Last | Relationship to Proposed Insured | Age | Beneficiary Class | |
|-------------|--------|----------|----------------------------------|-----|-------------------------------------|--------------------------|
| | | | | | Primary | Secondary/Contingent |
| Judith | Hirsch | / Spouse | / age: 54 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

F. INSURANCE HISTORY

1. Do you have any existing life insurance or annuities? ☒ Yes ☐ No
Note: Existing coverage includes any life insurance policies that have been assigned, sold or transferred.
2. Will this insurance replace* any existing insurance or annuity? ☒ Yes ☐ No
3. List the following details for all existing coverage. (List only annuities to be replaced*, list all in force life insurance):

| Insurance Company | Face Amount | Type | Product | To Be Replaced?* 1035 Exchange? | | | |
|-------------------|-------------|--|--|---|-----------------------------|------------------------------|--|
| NY LIFE | \$500000 | <input type="checkbox"/> Group <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Annuity <input checked="" type="checkbox"/> Life | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| | \$ | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Annuity <input type="checkbox"/> Life | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | \$ | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Annuity <input type="checkbox"/> Life | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | \$ | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Annuity <input type="checkbox"/> Life | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | \$ | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Annuity <input type="checkbox"/> Life | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*Replace or replaced means that the insurance being applied for may replace or cause a change in any existing insurance or annuity with any company, including the lapse or surrender of the existing policy, or the use of funds or values from the existing policy to pay for the new policy.

4. Are you applying for or reinstating life insurance with any company? ☐ Yes ☒ No

If Yes, give company name, amount applied for and total amount to be placed, including this application :

5. Have you had life or health insurance declined, postponed, rated or issued with an increased premium? ☐ Yes ☒ No

If Yes, give company name, type of insurance, date, action taken and reason for action :

(CONTINUED)

F. INSURANCE HISTORY (CONTINUED)

6. Is the proposed insured or proposed owner considering the transfer or sale to a life settlement company or other investor of: policy ownership; or, any interest in the policy benefits, either directly as a named beneficiary or indirectly as a beneficiary or owner of a trust or other entity?

☐ Yes ☒ No

If Yes, provide details : _____

G. GENERAL INFORMATION

1. In the past five years, have you flown as a pilot, student pilot or crew member or do you intend to become a pilot? ☐ Yes ☒ No
2. In the past five years, have you participated in any activities such as motorized vehicle racing, SCUBA diving, mountain climbing, skydiving, extreme sports such as BASE jumping, bungee jumping or cave exploration, or do you intend to? ☐ Yes ☒ No

If Yes, to Question 1 or 2 above, complete the appropriate Supplement.

3. Have you ever used tobacco or any other nicotine products such as cigarettes, cigars, pipe, chewing tobacco, snuff, nicotine gum or nicotine patch? *If Yes, provide details :*

☐ Yes ☒ No

Product Type(s)

Date Last Used

Frequency of Use

4. In the past five years, have you:

- a. had your driver's license denied, suspended or revoked?
- b. been convicted of or pled guilty to driving under the influence of alcohol and/or drugs?
- c. been convicted of or pled guilty to any moving violations?

☐ Yes ☒ No

☐ Yes ☒ No

☐ Yes ☒ No

5. Within the past 10 years, have you been arrested, convicted, or imprisoned for any crime and/or are you currently awaiting trial for any crime?

☐ Yes ☒ No

6. Will you live or travel outside the United States within the next 12 months?

☐ Yes ☒ No

Details required include location (city/country), frequency, duration and purpose of each trip.

7. Give complete details of any "Yes" answers for questions 4 – 6, including question number and appropriate details:

Question # Details

H. SPECIAL REQUESTS

**Prudential****PART 2 OF APPLICATION FOR LIFE INSURANCE**

Prudential Life Insurance Company
 The Prudential Insurance Company of America
Both are Prudential Financial companies.

Policy is issued by the company named at the beginning of this application.

POLICY NUMBER (IF KNOWN): _____

NAME OF PERSON TO BE EXAMINED: **GREGORY M HIRSCH****PERSONAL PHYSICIAN INFORMATION**Name **PAUL BRADLEY**Address: Street **340 EISENHOWER DR**

Suite _____

City **SAVANNAH**State **GA**ZIP **31406**Telephone number: **REDACTED**Date last seen: **06/2020**Reason last seen: **PHYSICAL****If more than one personal physician, provide details in Medical Information section number 6.****FAMILY HISTORY**

1. Have any immediate family members (mother, father, brother, sister) been diagnosed with or died from coronary artery disease, cerebrovascular disease, diabetes or cancer before age 70?

☐ Yes ☒ No**If Yes, provide details including which member and medical condition, age at diagnosis, and age at death (if applicable):**

2. **Father:** Current age _____ or Age at death: **61** **Mother:** Current age **84** or Age at death: _____

MEDICAL INFORMATION

1. Within the last ten years, has a member of the medical profession ever treated you for or diagnosed you with:
- high blood pressure, chest pain, a heart attack, coronary artery disease, a heart valve disorder, a heart murmur, an irregular heart beat, cerebrovascular disease, a stroke, circulatory disease, an aneurysm or any disease of the heart or blood vessels?
 - anemia or other abnormality of the blood (other than HIV)?
 - a polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma or Hodgkin's disease?
 - diabetes, high blood sugar, glucose intolerance or other endocrine disorder?
 - anxiety, depression, or any other mental or psychiatric illness?
 - an infection caused by the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or any other sexually transmitted disease?
 - asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis or any other disorder of the lungs or respiratory system?
 - a seizure, epilepsy, multiple sclerosis, Parkinson's disease, muscular dystrophy, cerebral palsy, paralysis, Alzheimer's disease or any other disorder of the brain or nervous system?
 - an ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease or any other disorder of the esophagus, liver, stomach or intestines?
 - nephritis, polycystic kidney disease or any other disorder of the bladder, kidney, urinary tract or prostate?
 - arthritis, gout, back trouble, or any disease or disorder of the joints, muscles or bones?
 - lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system?
2. Have you ever used:
- cocaine, crack, marijuana, heroin, Ecstasy, PCP, LSD, methamphetamine, any other hallucinogenic drug or controlled substance?
 - amphetamines, barbiturates, sedatives, opiates or methadone, or controlled substance except as prescribed by a physician?
3. Have you had or been advised to have treatment or counseling for alcohol or drug use or been asked to reduce or eliminate their usage?

REDACTED

(CONTINUED)

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4. Other than what has already been disclosed, within the past 5 years, have you:
- requested or received disability or compensation benefits?
 - been a patient in a hospital or other medical facility, other than for normal childbirth?
 - had any other disease, disorder or condition?
 - been advised to have surgery, medical tests or diagnostic procedures (other than for HIV)?
5. Are you currently receiving medical treatment or taking any other medication or herbal supplement that has not already been disclosed?
6. Give complete details of any "Yes" answers for questions 1-5, including: **Question number, diagnosis, date of onset and recovery, medication/treatment prescribed and the name, address and telephone number of all attending physicians and hospitals.**

REDACTED

| Question # | Diagnosis | Date of Onset | Date of Recovery | Medication/ Treatment Prescribed | Physician/Hospital Name, Address & Phone Number |
|------------|-----------|---------------|------------------|----------------------------------|---|
|------------|-----------|---------------|------------------|----------------------------------|---|

1.I.

1.K.

REDACTED

SIGNATURE

All answers are, to the best of my knowledge and belief, complete, true and correctly recorded.

→ Signature of Witness ☒ _____ Date 8/6/2020→ Signature of person examined (if age 18 or over) otherwise, parent/guardian ☒ _____

Name of person examined (please print) GREGORY MURPHY

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AGREEMENTS

By signing this form, I have carefully reviewed the application including all supplements attached to the policy, and I agree to the following:

- To the best of my knowledge and belief, the statements in this application are complete, true and correctly recorded.
- Except for failure to pay premium, the validity of this policy will not be contested after it has been in force during the insured's lifetime for two years from the date it takes effect.
- If I have requested the Acceleration of Death Benefits (Living Needs Benefit), I have read the disclosures in the Living Needs Benefit brochure.
- My original signature has been affixed to this application, the original will be retained by the Company named at the beginning of this application ("Company"). The copies attached to the policy issued to me are identical in form and substance.
- 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 the lifetime of the proposed insured. A payment will only be considered to be received if one of the following valid items is received by the Company: (i) a check in the amount of the full first required premium; (ii) a completed and signed payment form for the first full premium; or (iii) any other form of payment acceptable to the Company.
 - The form of payment submitted is honored. If payment is made by credit/debit card, wire transfer or automatic bank draft, no premium is considered to be honored until the Company actually receives the funds unless otherwise provided by applicable law.
 - A signed copy of this Application is received by the Company.
 - The Owner has personally received the policy during the lifetime of and while the health of the Proposed Insured is as stated in this application.
- Only an officer of the Company with the rank or title of Vice President may make or alter any contract or agree not to enforce any of the rights of the Company, and then only in writing. **No producer or medical examiner is authorized to accept risks, pass on insurability, make or alter contracts, or waive any of the other rights or requirements of the Company.** Notice to or knowledge imputed to any producer or medical examiner will not be notice of or knowledge to the Company unless it is set out in writing in this application.

FRAUD WARNING

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.

SIGNATURES

Owner's Tax Certification (check boxes **ONLY** if applicable):

Under penalties of perjury, I certify that the taxpayer identification number (TIN) I have listed on this form is my correct TIN. I further certify that I am a U.S. person (including resident alien), I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code, and I am not subject to FATCA reporting.

- ☐ I have been notified by the Internal Revenue Service that I am subject to backup withholding due to the underreporting of interest or dividends
- ☐ I am subject to FATCA reporting
- ☐ I am not a U.S. person (including resident alien). You must submit the applicable Form W-8 (BEN, BEN-E, ECI, EXP or IMY). In most cases, Form W-8BEN will be the appropriate form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signed at (STATE) GA on (DATE) 8/5/2020

→ Signature of proposed insured

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If policyowner is different from the proposed insured:

→ For a personal policyowner(s): Signature(s) of policyowner(s) ☒ _____

For an entity policyowner(s) (i.e., trust, business):

Name of entity _____

→ Signature of officer/trustee(s) ☒ _____

Title of officer/trustee(s) _____

→ Signature of producer ☒ _____

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**Prudential****FINANCIAL SUPPLEMENT**

Supplementary Declarations Forming a Part of the Application for Insurance

Pruco Life Insurance Company
The Prudential Insurance Company of America*Both are Prudential Financial companies.*

Policy is issued by the company named at the beginning of this application.

POLICY NUMBER (IF KNOWN): **L7000224**PROPOSED INSURED(S): **GREGORY HIRSCH****INSTRUCTIONS**

- Required for applications with total face amounts of \$5,000,000 or more up to age 70, \$2,500,000 or more ages 71-80, \$1,000,000 or more ages 81 and up.
- Financial information prepared by an independent third party is required for applications with total face amounts \$10,000,000 or more up to age 70, \$2,500,000 or more ages 71-80, \$1,000,000 or more ages 81 and up.
- Submit copies of material that supplements the information requested, such as loan commitments, written buy-sell agreements, audited financial statements or letters.
- Form may also be required for financial verification as needed.

A. FINANCIAL INFORMATION

1. Source of Financial Information (Check all that apply.)

☒ Proposed Insured ☐ Accountant/CPA ☐ Banker ☐ Attorney ☐ Producer ☐ Other (specify): _____

2. Who determined the amount of insurance applied for? (Check all that apply.)

☒ Proposed Insured ☐ Accountant/CPA ☐ Banker ☐ Attorney ☐ Producer ☐ Other (specify): _____

3. Current Annual Household Income

1st Proposed Insured**2nd Proposed Insured**
(Survivorship Applications only)

a. Gross Compensation (e.g., Salary, Commissions, Bonuses, etc.):

\$ **600,000**

\$ _____

b. Other Income (e.g., Dividends, Interest, Net Real Estate Income, etc.):

\$ **50,000**

\$ _____

c. Total Annual Cash Income before taxes:

\$ **650,000**

\$ _____

4. Net Worth (excluding any business interest)

a. Liquid Assets (assets that can be easily changed to cash):

\$ **2,000,000**

\$ _____

b. Other Assets:

\$ **12,350,000**

\$ _____

c. Liabilities:

\$ **6,900,000**

\$ _____

d. Net Worth (excluding business):

\$ **7,450,000**

\$ _____

5. Business Related Assets:

\$ **750,000**

\$ _____

6. Have either the proposed insured(s) or owner filed for bankruptcy within the past five years?

☐ Yes ☒ No

If Yes, please provide details including whether bankruptcy was dismissed or discharged; type of bankruptcy (chapter); whether it was personal or business related; current status; single or multiple occurrences; any outstanding judgments, liens or garnishments, etc.

7. Additional Comments: **IN A REAL ESTATE PARTNERSHIP FOR RESIDENTIAL DEVELOPMENT IN HILTON HEAD, SC. NOT YET POSSIBLE TO VALUE BUT WE ARE LOOKING AT A 197 HOME DEVELOPMENT.**

B. SIGNATURES

To the best of my knowledge and belief, the above statements are complete, true and correctly recorded.

→ Signature of proposed insured(s) **SPECIMEN**Date **9/24/2020**→ Signature of policyowner (if different) **X**Date **/ /**→ Signature of producer **SPECIMEN**Date **9/23/2020**



Prudential

GOOD HEALTH STATEMENT

Pruco Life Insurance Company
The Prudential Insurance Company of America
Both are Prudential Financial companies.

POLICY NUMBER: L7000224

PROPOSED INSURED: GREGORY HIRSCH

I acknowledge, that I have reviewed the application and all supplements included with this contract and that to the best of my knowledge and belief, all statements made in the application and/or any supplements (including statements relating to my health, medical condition or treatment) remain complete, true and accurate and have not changed.

→ Signature of Proposed Insured

DocuSigned by:
SPECIMEN
GREGORY HIRSCH

Date 9/24/2020

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Individual Indeterminate Premium 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 contract premiums will increase as shown under the Schedule of Premiums on page 3. Contract premiums are subject to change as described in the Changes in Premiums Rates provision on a class basis on and after the Level Premium End Date shown on page 3. Convertible as follows, but not renewable. If the issue age of this contract is 59 or younger you must ask for the conversion on or before the earlier of (a) the Level Premium End Date shown on page 3 and (b) the contract anniversary on or immediately following the Insured's 65th birthday. If the issue age of this contract is 60 or above, you must ask for the conversion on or before the fifth contract anniversary. Non-participating.

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