



# Prudential

## FINANCIAL SUPPLEMENT

Supplementary Declarations Forming a Part of the Application for Insurance

- ☒ **Pruco Life Insurance Company of New Jersey**  
☐ **The Prudential Insurance Company of America**  
*Both are Prudential companies.*

POLICY NUMBER (IF KNOWN): \_\_\_\_\_

PROPOSED INSURED(S): \_\_\_\_\_

### INSTRUCTIONS

- Required for applications with face amounts greater than \$1,000,000 for ages 81 and older or \$2,500,000 for ages 71-80 or \$5,000,000 for ages 70 and younger.
- Financial information prepared by an independent third party is required for applications with face amounts greater than \$1,000,000 for ages 81 and older or \$2,500,000 for ages 71-80 or \$10,000,000 for ages 70 and younger.
- Submit copies of material that supplements the information requested, such as loan commitments, written buy-sell agreements, audited financial statements or letters.

### 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): \_\_\_\_\_

	1st Proposed Insured	2nd Proposed Insured (Survivorship Applications only)
3. Current Annual Household Income		
a. Gross Compensation (e.g., Salary, Commissions, Bonuses, etc.):	\$ _____	\$ _____
b. Other Income (e.g., Dividends, Interest, Net Real Estate Income, etc.):	\$ _____	\$ _____
c. Total Annual Cash Income before taxes:	\$ _____	\$ _____
4. Net Worth (excluding any business interest)		
a. Liquid Assets (assets that can be easily changed to cash):	\$ _____	\$ _____
b. Other Assets:	\$ _____	\$ _____
c. Liabilities:	\$ _____	\$ _____
d. Net Worth (excluding business):	\$ _____	\$ _____
5. Business Related Assets:	\$ _____	\$ _____

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: \_\_\_\_\_

### B. SIGNATURES

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

This supplement will be attached to and made a part of the policy when issued.

- Signature of proposed insured(s) **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Signature of policyowner (if different) **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Signature of producer **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**INSTRUCTIONS**

- The third party **must** sign at the bottom of the page if this form is submitted in-lieu of independent third party financial documentation required at the following ages and face amounts:  
Ages < or equal to age 70: Face amounts of \$10,000,000 or more  
Ages 71 – 80: Face amounts of \$2,500,000 or more  
Ages > 80: Face amounts of \$1,000,000 or more
- The Financial Supplement (ORD 96200-2010, Financial) is required to be completed by the third party financial advisor and signed by the proposed insured(s), owner(s) and producer.
- We reserve the right to require additional documentation and or financial information such as loan commitments, audited financial statements, written buy-sell agreements, or tax statements as needed.

**A. IDENTITY OF THIRD PARTY**

1. a) Name \_\_\_\_\_  
b) Name of Firm \_\_\_\_\_  
c) Business Address \_\_\_\_\_  
d) Telephone No. \_\_\_\_\_  
e) Professional Designations \_\_\_\_\_  
f) CPA or Attorney License # \_\_\_\_\_
2. a) Relationship to Proposed Insured(s) \_\_\_\_\_  
b) Duration of Relationship \_\_\_\_\_
3. Have you been involved with the sale of this life insurance? ☐ Yes ☐ No  
**If Yes, provide details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

The information provided above, as well as on ORD 96200-2010 Financial has been reviewed and verified by me, and is complete, true and correctly recorded.

→ *Signature of third party providing financial information*      **X** \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_