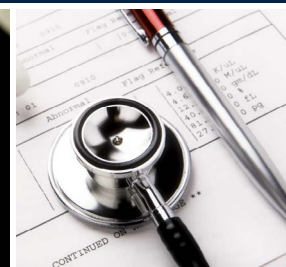




GUIDE

Preparing for the Client Interview

WHAT YOU NEED TO HAVE, KNOW, AND DO



Information gathered during the interview will be shared only with those who need it to determine your eligibility for life insurance, and it will be included in the policy.

INVESTMENT AND INSURANCE PRODUCTS ARE:

- NOT FDIC INSURED
- NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY
- NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, ANY BANK OR ITS AFFILIATES



Prudential

Life insurance is issued by The Prudential Insurance Company of America, Newark, NJ, and its affiliates.

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What To Expect

e-Interview

As soon as your application is submitted, a link to the interview questions will be sent to you via email. You may answer them at your earliest convenience and at a comfortable pace. This service is user-friendly and accessible on multiple devices including laptops, desktops, and mobile devices.

Before completing the interview questions, familiarize yourself with the interview topics and questions that will be asked. The more information you have ready, the more quickly the interview can be completed. Additionally, many of the interview questions also include a drop-down box with potential answers—if your answer is in the list, simply click to select it and then move on to the next question. Because the information gathered during the interview will be used to determine your eligibility for life insurance and included in the policy, please answer each question completely and truthfully.*



Have This Information Available Prior To Completing The Interview

- Last four digits of your Social Security number
- Driver's license number, expiration date, and state of issue
- Name, address, and phone number of your primary physician (or facility), and any medical specialists seen
- Date (generally month and year) of your last visit to your primary physician and dates of recent visits to specialists
- List of medications you are taking
- Employment history, earned income, unearned income (e.g., income outside of your salary, bonus, wages, and tips), and net worth (total assets minus liabilities)
- Details necessary to answer any of the questions listed in this brochure

**Some applications may require a telephone interview.*

Non-Medical Information

- Will you live or travel outside of the United States in the next 12 months?
- Participation in any extreme sports or activities (e.g., motorized racing, scuba diving, mountain climbing, skydiving, bungee jumping).
- Questions about the status of your driver's license, including denials, suspensions, or being revoked.
- Questions about your driving history, including being convicted of or pleading guilty to driving under the influence or any moving violations.
- Information (including date of last use and frequency) about any current or prior use of tobacco or other nicotine products. This includes clove cigarettes, e-cigarettes, or vaping products containing nicotine, etc.
- Questions related to criminal activity, dates, and convictions.

Insurance History

- Will this Prudential insurance policy replace an existing insurance policy or annuity with any company?
- What will happen to the policy as the result of the purchase of the new policy? Will you still be paying premiums on the old policy?
- Are you also applying for or reinstating life insurance with any other company? If yes, what's the name of that company?
- Have you ever had life or health insurance declined, postponed, rated, or issued with an increased premium?
- Will you be making payments on your Prudential policy using out-of-pocket funds (i.e., paying premiums from your own funds or current income)?

Medical Information

- Current height and weight.
- For each medical condition: diagnosis date, medications, the doctor who treats you, and in some cases more specific details around tests completed, results of any testing done, etc.
- Date and reason for your most recent visit to your personal physician.
- If you have been hospitalized, or been advised to have surgery, medical procedures, or test.
- Drug use, including medicinal marijuana, alcohol/drug treatment, and/or counseling.
- Disability information including reason, and start and end dates.

Family History

- Information about your parents' and siblings' health conditions. (Do they or did they have heart disease, cerebrovascular disease, diabetes, or cancer?)
- Details around which family member was diagnosed, what was the condition, and age at death, if applicable, will be needed.
- Your parents' ages if living, or the age they were when they died.



Sample Questions**

Has a member of the medical profession ever treated you for or diagnosed you with:

1. High blood pressure, chest pain, heart attack, coronary artery disease, heart valve disorder, heart murmur, irregular heartbeat, cerebrovascular disease, stroke, circulatory disease, aneurysm, or any disease of the heart or blood vessels?
2. Anemia or other abnormality of the blood (other than HIV)?
3. A polyp, cyst, tumor, cancer, leukemia, melanoma, lymphoma, or Hodgkin's disease?
4. Diabetes, high blood sugar, glucose intolerance, or any other endocrine disorder?
5. Anxiety, depression, or any other mental or psychiatric illness?
6. An infection caused by the human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), AIDS-related complex (ARC), or any other sexually transmitted disease?
7. Asthma, emphysema, cystic fibrosis, sleep apnea, sarcoidosis, tuberculosis, or any other disorder of the lungs or respiratory system?
8. 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?
9. An ulcer, hepatitis, cirrhosis, pancreatitis, ulcerative colitis, Crohn's disease, or any other disorder of the esophagus, liver, stomach, or intestines?
10. Nephritis, polycystic kidney disease, or any other disorder of the bladder, kidney, urinary tract, or prostate?
11. Arthritis, gout, back trouble, or any disease or disorder of the joints, muscles, or bones?
12. Lupus, rheumatoid arthritis, chronic fatigue syndrome, fibromyalgia, or any other disease or disorder of the autoimmune system?

***These questions are provided as examples. The questions in your interview may vary based on state guidelines. If the answer to any of the above questions is yes, then use the chart below to organize relevant details prior to your interview.*

MEDICAL CONDITION	DATE OF DIAGNOSIS	DATE OF LAST VISIT TO PHYSICIAN	MEDICATION/TREATMENT PRESCRIBED	NAME, ADDRESS, AND PHONE NUMBER OF TREATING PHYSICIAN AND/OR HOSPITAL

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The availability of coverage and rates will vary based on company underwriting criteria including, but not limited to, age, sex, health history, smoking status, and residency.

Underwriting rules are subject to change at our discretion.

Guarantees are based on the claims-paying ability of the issuing insurance company.

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