



# Firm Authorization

Annuities are issued by The Prudential Insurance Company of America (PICA), Pruco Life Insurance Company (in New York, by Pruco Life Insurance Company of New Jersey), located in Newark, NJ (main office), or by Prudential Annuities Life Assurance Corporation, located in Shelton, CT. (main office), these entities are referred to as "Prudential" below. All are Prudential Financial, Inc. companies and each is solely responsible for its own financial condition and contractual obligations. The Rock Prudential Logo is a registered service mark of PICA and its affiliates.

- **FIRMS MAY AUTHORIZE CERTAIN INDIVIDUALS ("AUTHORIZED PARTY(IES)") TO RECEIVE CONTRACT OWNER INFORMATION, AGENT INFORMATION ("ACCOUNT/AGENT INFORMATION") AND/OR COMPENSATION INFORMATION ("COMMISSION INFORMATION") ON ALL ANNUITY PRODUCTS, AS APPLICABLE AND WHERE THE AGENT OF RECORD IS AFFILIATED WITH THE FIRM OR WHERE THE CONTRACT IS HELD AS A HOUSE ACCOUNT OF THE FIRM.**
- **Use this form to authorize individuals to receive account/agent information/commissions information via the telephone or other electronic means. This form is for firm (back office) use only. This form is not for investment professional use.**
- **A corporate officer with proper authority to act on behalf of the firm must sign this form on page 4.**
- **Upon completion, please fax to (800)207-7806 attn Firm Maintenance.**

## 1. FIRM INFORMATION

Name of Firm \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip

Employer Identification Number or Tax ID Number \_\_\_\_\_

## 2. LIST ADMINISTRATORS FOR AUTHORIZATION

The firm authorizes Prudential to provide the authorized parties named below the ability to access or view account/agent information and/or commission information via the telephone or other electronic means as specifically authorized herein ("authorization"). Account information shall refer to contract owner accounts where the firm is listed in our records as the firm of record.

### Role of List Administrator

- The firm's list administrator may cancel or change the authorization of any individual listed on this form by calling 888-778-2888. Proper identification of the caller will be required.
- The firm's list administrator may add additional individuals not listed on the form by filling out another form or writing to Prudential, Dealer Services Dept, 2101 Welsh Rd., Dresher, PA 19025.
- In the event an authorized party ceases to be employed/associated with the firm, the firm agrees to notify Prudential in writing as soon as administratively possible after the change.
- Please allow reasonable time for Prudential to receive and process any cancellations sent by mail.

### List Administrators for Account/Agent Information

**Account/Agent information** is any information referencing a client's account, such as exchanges, pending exchanges, transfers, account balances, transactions, quarterly statements, transaction confirmations, and any other details related to a client's account. It also includes agent reporting with regard to appointments, and any other details related to a specific agent(s).

Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Name of Authorized Party \_\_\_\_\_

Business Address of Authorized Party

\_\_\_\_\_  
Street Address City State Zip

Email Address of List Administrator (including e-documents): \_\_\_\_\_

## 2. LIST ADMINISTRATORS FOR AUTHORIZATION *(continued)*

### List Administrators for Commission Information

**Commission information** is any information pertaining to a firm's commission from the sale of annuity products.

Social Security Number \_\_\_\_\_ Date of Birth (*mm/dd/yyyy*) \_\_\_\_\_

Name of Authorized Party \_\_\_\_\_

Business Address of Authorized Party

\_\_\_\_\_  
Street Address City State Zip

Email Address of List Administrator for Commission Information \_\_\_\_\_

## 3. AUTHORIZED PARTIES TO RECEIVE ACCOUNT/AGENT INFORMATION AND/OR COMMISSION INFORMATION

Prudential now makes certain documents available via the Internet ("*e-documents*") as well as other data regarding client's accounts. In addition, commission statements are available via the Internet. Please indicate the email address of authorized parties receiving account/agent information and/or commission information so that they may receive an initial notification via email when such documents are accessible. This notification will include a direct link to the Prudential Internet site where you may view/print these documents. You will not receive these documents via mail.

**If the firm wishes to submit additional authorized parties, please attach their information to this form.** (*Note: authorized parties of firms who are from clearing firms may be authorized to receive commission information for registered representatives associated with the firm.*)

Check one: ☐ Add ☐ Delete

Authorizations: ☐ Account/Agent Information ☐ Commission Information ☐ Both

Is Authorized Party a Clearing Firm? ☐ Yes ☐ No

Social Security Number \_\_\_\_\_ Date of Birth (*mm/dd/yyyy*) \_\_\_\_\_

Name of Authorized Party #1 \_\_\_\_\_

Business Address of Authorized Party:

\_\_\_\_\_  
Street Address City State Zip

Email Address of Authorized Party: \_\_\_\_\_

Check one: ☐ Add ☐ Delete

Authorizations: ☐ Account/Agent Information ☐ Commission Information ☐ Both

Is Authorized Party a Clearing Firm? ☐ Yes ☐ No

Social Security Number \_\_\_\_\_ Date of Birth (*mm/dd/yyyy*) \_\_\_\_\_

Name of Authorized Party #2 \_\_\_\_\_

Business Address of Authorized Party:

\_\_\_\_\_  
Street Address City State Zip

Email Address of Authorized Party: \_\_\_\_\_

### 3. AUTHORIZED PARTIES TO RECEIVE ACCOUNT/AGENT INFORMATION AND/OR COMMISSION INFORMATION *(continued)*

Check one: ☐ Add ☐ Delete

Authorizations: ☐ Account/Agent Information ☐ Commission Information ☐ Both

Is Authorized Party a Clearing Firm? ☐ Yes ☐ No

Social Security Number \_\_\_\_\_ Date of Birth (*mm/dd/yyyy*) \_\_\_\_\_

Name of Authorized Party #3 \_\_\_\_\_

Business Address of Authorized Party:

\_\_\_\_\_  
Street Address City State Zip

Email Address of Authorized Party: \_\_\_\_\_

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Check one: ☐ Add ☐ Delete

Authorizations: ☐ Account/Agent Information ☐ Commission Information ☐ Both

Is Authorized Party a Clearing Firm? ☐ Yes ☐ No

Social Security Number \_\_\_\_\_ Date of Birth (*mm/dd/yyyy*) \_\_\_\_\_

Name of Authorized Party #4 \_\_\_\_\_

Business Address of Authorized Party:

\_\_\_\_\_  
Street Address City State Zip

Email Address of Authorized Party: \_\_\_\_\_

## 4. SIGNATURES

A corporate officer with proper authority to act on behalf of the firm must sign this form.

As the individual authorized to act on behalf of the firm, I:

- agree on behalf of the firm that the firm will take all steps necessary to ensure the confidentiality and security of Prudential account/agent information and commission information,
- agree to hold Prudential harmless from and indemnify it against any claims, costs, losses or liability resulting from the firm's failure to maintain the confidentiality and security of Prudential account/agent information and commission information, including any costs, losses or liability related to claims by third parties, and
- understand and acknowledge that this form is intended to provide the firm with access to Prudential account/agent information and commission information only, and does not authorize the firm to act or take any actions beyond those expressly authorized by individual Prudential contract owners.

**SIGN HERE ▶**

\_\_\_\_\_  
Corporate Officer Signature

\_\_\_\_\_  
Date of Signature (mm/dd/yyyy)

\_\_\_\_\_  
Corporate Officer Name

\_\_\_\_\_  
Title

### **Annuities Service Center**

Financial Professionals: 1-800-513-0805  
8:00AM–7:00PM ET, Monday–Thursday  
8:00AM–6:00PM ET, Friday  
Fax: (800) 207-7806 attn Firm Maintenance  
[www.prudential.com](http://www.prudential.com)

### **Regular Mail Delivery**

Annuities Service Center  
P.O. Box 7960  
Philadelphia, PA 19176

### **Overnight Service, Certified or Registered Mail Delivery**

Prudential Annuities Service Center  
2101 Welsh Road  
Dresher, PA 19025