

Exhibit E



Prudential

Life Insurance Claim Form (complete and return this page)

The Prudential Insurance Company of America, Pruco Life Insurance Company of New Jersey, Pruco Life Insurance Company. All are Prudential companies.

A) About You - Complete the applicable subsection (individual beneficiary or entity)

X 1. Death claim proceeds are being claimed by an individual (not an entity).

Form for individual claimant: Judith D Hirsch, First name [REDACTED], MI [REDACTED], Last name [REDACTED], Date of birth, SSN, Relationship to deceased (Wife).

2. Death claim proceeds are being claimed by an entity (e.g., trust, assignee, estate, corporation)

Entity Name, Entity SSN, TIN, or EIN

First name, MI, Last name

Relationship to entity

- I am the Assignee (Specify amount you are claiming)
I am the Trustee (Attach a copy of trust agreement)
Check if any beneficiaries are considered a "skip person" by the Internal Revenue Code.

Please enclose any supporting documents including those outlined in the instructions document.

3. Address Information:

308 Megan Court, Savannah, GA 31405, City [REDACTED], Home/Business phone ghirsch3@comcast.net, Mobile phone

Email address, How do you want us to contact you? (Check all that apply.) U.S. Mail, Email, Text Alerts, Phone

Taxpayer Identification Number (TIN)

- You must include a TIN for the beneficiary. This is:
A Social Security number (SSN) if the beneficiary is an individual or the owner of a sole proprietorship.
The employer identification number (EIN) if you represent a trust, estate, corporation, partnership, or tax-exempt organization.
The TIN of the grantor/trustee if you represent a grantor trust, or that of the actual owner of a trust-like entity not recognized as a legal or valid trust under state law.





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B) About the Deceased

Provide information about the deceased. If you're not aware of any other names, leave that line blank.

Gregory _____ Martin Hirsch _____
First name _____ MI _____ Last Name _____

In order for us to identify additional policies, provide any other names by which the deceased may have been known (e.g., name changes)

07/16/1963 _____ 08/03/2023 _____
Date of Birth (mm/dd/yyyy) _____ Date of death (mm/dd/yyyy) _____

C) About the Policy

Provide all the policy number(s) for which you are making a claim. The policy number(s) will be an 8- or 9-digit number and may include letter prefixes (e.g., X12345678).

Policy number(s) L7000224 _____
Policy number(s) _____
Policy number(s) _____

D) How to Receive Your Funds

In order to meet your specific needs, we offer several payment options for you to receive your life insurance death benefits. If a payment option is not selected, the payment will default to a single lump sum check.

Choose One:

Deposit funds directly in your chosen bank account via Electronic Funds Transfer (EFT)

If you selected the EFT option above, please complete Part E.

Select another payment option - For information about additional payment options, please refer to Understanding Your Options on page 7. If you choose to elect an alternate payment option, please write your selection below:

Receive a single lump sum check

NOTE: You can also pay the funeral home directly. You must submit a copy of the funeral home assignment and bill with this form to do so. Any remaining proceeds will be applied based on your selection above.

The claim form, and the information contained within, is not intended as investment advice and is not a recommendation about managing or investing your retirement savings. Neither Prudential Life Insurance, nor the Prudential entity(ies) set forth on this form, are acting as your fiduciary as defined by any applicable laws and regulations. Please consult with your qualified investment professional about managing or investing your retirement savings.





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D) How to Receive Your Funds (continued)

Please complete the following if you selected a payment option other than the single lump sum check or EFT above. If death benefits are paid by way of a settlement option and any amount remains payable upon your death, please indicate to whom you want the remaining amount to be paid.

Choose One:

- Pay my estate
- Pay beneficiary(ies) (Provide beneficiary information below)

Primary Beneficiary

First name MI Last name

Address

Telephone Email address

Date of birth (mm/dd/yyyy) SSN, TIN, or EIN Relationship to you

Contingent Beneficiary

First name MI Last name

Address

Telephone Email address

Date of birth (mm/dd/yyyy) SSN, TIN, or EIN Relationship to you





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E) Banking Information and Payment Authorization (For EFT Payment Option Only)

Bank name

Branch Telephone

Account Type: Checking Savings

Bank Transit Routing Number (9 digits)

Bank Account Number

Bank Location (City and State)

I authorize The Prudential Insurance Company of America (Prudential) to make an electronic fund deposit into my account. I understand that any deposit made to an inactive account will be returned to Prudential and issued as a manual check. In addition, if any overpayment of such death claim proceeds is credited to this account in error, I authorize Prudential to withdraw the difference between the benefit amount paid and the recalculated amount of the benefit actually due under the terms of the insurance coverage. My eligibility for any such benefits is governed by the terms and conditions of the applicable life insurance policy, and nothing in this Authorization shall be deemed to be an approval of any such benefits.

This authorization is valid indefinitely until such time as I provide written notice of cancellation to Prudential. Any notice hereunder will not be deemed effective until three business days after Prudential has received my written notice.

Account Owner's First Name

MI

Last Name

Street address

City

State

ZIP Code

Telephone

Account Owner's signature

Date (mm/dd/yyyy)



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All are Prudential companies.**F) Income Tax Withholding (Applicable for qualified plan distributions):****If you do not complete this section, we will withhold default federal and state taxes as required by law.**

Prudential will withhold default 10% federal income taxes and any mandatory state income taxes, if applicable. You may choose to elect out of withholding, below, otherwise, for any other federal tax withholding election, you must submit IRS Form W-4R **with this form**. If you are not a U.S. person, you must submit the applicable IRS Form W-8 series. These forms can be located by searching Forms, Instructions and Publications at <https://www.irs.gov/forms-instructions>.

Please note, for withdrawals from a life insurance policy only earnings are subject to any applicable income tax withholding as requested below.

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

- Check here if you **do not** want federal income taxes withheld.
- Check here if you have attached IRS Form W-4R to make a specific withholding election. If the form is not attached, we will process your payment with default withholding.

Please note that you cannot elect out of withholding if we do not have a valid SSN or TIN on file or if payments are to be delivered outside the United States and its possessions.

Important Taxpayer Information:

Federal and some state tax laws require us to withhold income taxes from certain cash payments unless you elect out of withholding and in certain other circumstances. We are required to withhold federal income taxes and certain state income taxes from the taxable portion of any withdrawal from a life insurance contract, and endowment contract, non-qualified annuity, an IRA, a Roth IRA, a section 403(b) tax-deferred annuity, or a section 401(a) qualified plan. You may wish to consult a tax or legal advisor regarding the federal and your state's specific income tax withholding requirements. If your withdrawal is from a Section 403(b) tax deferred annuity or a Section 401(a) qualified plan, and is an "eligible rollover distribution," you will not be able to elect out of federal income tax withholding. Federal taxes will be withheld at a flat 20 percent rate, unless you elect to have your eligible rollover distribution rolled over to an IRA or to another qualified plan. You cannot elect out of federal or state income tax withholding if you did not provide a U.S. address. See section 5. You will not be able to elect of withholding if we are notified that your Taxpayer Identification Number is incorrect. By simply signing and dating this election, you have elected not to have federal and state income taxes withheld; but, you will still be liable for any federal and/or state income taxes on the taxable portion of your withdrawal. You may, however, elect to have federal and/or state income taxes withheld. If you wish to have federal an/or state taxes withheld please check the applicable box(es) in the federal and state income tax withholding election section. Your elections will remain in effect until you revoke them. You may revoke any election and make a new election at any time.

Estimated tax and possible penalties: If you elect to have no income tax withheld from your withdrawal, or if you do not have enough income tax withheld from your withdrawal, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may be subject to IRS penalties, including fines and imprisonment, if you fail to provide your correct taxpayer identification number, fail to report taxable interest or dividends on your tax return, or give false tax information. You may also be subject to a 10 percent federal income tax penalty if you are under the age of 59 ½ and your withdrawal is from a life insurance policy classified as a modified endowment contract (MEC), a qualified policy, an IRA, or an annuity.





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G) Tax Certification

CLAIMANT'S TAX CERTIFICATION (SUBSTITUTE W-9) – To be completed only by U.S. persons (including U.S. citizens and resident aliens). If not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP, or IMY).

Under penalties of perjury, I certify that the taxpayer identification number listed on this form is my correct SSN/EIN and I am a U.S. citizen or other U.S. person (including resident aliens). I further certify that I am exempt from backup withholding and/or FATCA reporting unless I check the applicable box(es) below:

- I have been notified by the Internal Revenue Service that I am subject to backup withholding due to the failure to report all interest or dividends. Prudential is required to withhold income tax on any payments which include interest and dividends when the claimant is subject to back up withholding.
- I am subject to the reporting requirements of the Foreign Account Tax Compliance Act (FATCA)

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

BACKUP WITHHOLDING

You must tell us if the IRS has notified you that you are subject to backup withholding because you didn't report all your taxable interest and dividends on your tax return. You are not subject to backup withholding if either (a) you did not receive such a notice from the IRS, (b) the IRS told you that you are no longer subject to a backup withholding order, or (c) you are exempt from such withholding. If you have been notified that you are subject to backup withholding, please check the box as indicated.

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Any entity making a payment of U.S. source income must consider whether it is subject to FATCA. A payor must collect documentation about the payee's status or withhold at 30%. Nontaxable payments, such as income tax-free death benefits from nonqualified life insurance contracts, are not subject to FATCA.

CITIZENSHIP

If you are not a U.S. Person (including resident alien) you must submit the applicable IRS Form W-8 (BEN, BEN-E, ECI, EXP, IMY). In most situations, the IRS Form W-8BEN will be the appropriate IRS Form W-8.

H) Signature

I have read and agree to sections A through G and the Claim Fraud Warnings included in this form on page 8. By signing this form, I certify that information that I have provided is true and complete. I understand that there may be tax implications as a result of this request.

FLORIDA RESIDENTS - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW YORK RESIDENTS - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

DocuSigned by:

Judith D Hirsch

8/25/2023

Beneficiary's or Claimant's signature

Date (mm/dd/yyyy)

To be completed by Prudential Representative

Check here to select Field Office Delivery

Representative's Name	Telephone Number	Contract Number
Address to deliver proceeds to (If a US mailing address is not provided proceeds will be sent to the payee)		

