

PAYROLL DEDUCTION

1-800-866-9933
In Birmingham - 868-4300

REQUEST FOR POLICY CHANGE OR SERVICE

Policy No. _____ Insured: _____
Owner _____ Insured's Date of Birth: _____
Owner's Address: _____ Insured's Address: _____

Check If New Address
Social Security/Tax I.D. No. _____ Check If New Address
Social Security/Tax I.D. No. _____

1. CHANGE OF NAME
Change Name of ___ Insured ___ Beneficiary ___ Owner ___ Payor
from _____ to _____
reason (marriage, divorce, etc.) _____

2. CHANGE OF BENEFICIARY
I hereby revoke existing beneficiary designations and settlement agreements, if any, and request the Company to change the beneficiary of my Policy as follows: (Please Print Names in Full & Address)

<u>Name</u>	<u>Address</u>	<u>Relationship to Insured</u>
First Beneficiary:		
_____	_____	_____
Contingent Beneficiary:		
_____	_____	_____

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any first beneficiaries who survive the insured, but if none survive, proceeds will be paid in equal shares to any contingent beneficiaries who survive the insured, otherwise to the Executors, Administrators, or Assigns of the owner.

3. TRANSFER OWNERSHIP
I request that all benefits, rights and privileges incident to ownership of the policy be vested in the new owner named below. I have the right to transfer ownership of this policy. No proceedings of bankruptcy have been instituted by or against me. I am not under guardianship or legal disability.
New Owner (Please Print Full Name) _____ SS# of New Owner _____
Address of New Owner _____

4. REQUEST FOR POLICY LOAN I(We) hereby request a loan in accordance with policy provisions:
___ Issue check for maximum amount available.
___ Issue check for \$ _____
___ Total loan of \$ _____ (Check will be issued for loan less interest.)
___ Other (describe) _____

The Policy is hereby assigned to the Company as security for the loan and interest thereon. Any dividend declared on the policy may be applied toward the payment of this loan and any unpaid interest.

5. SURRENDER OF POLICY (Policy Must be returned with Form)
For the Cash Surrender Value, the undersigned surrenders this policy, and all claims thereunder and directs that a check be forwarded for the proceeds after deduction of indebtedness, if any. I declare that no bankruptcy proceedings are now pending against the owner(s).

6. REQUEST FOR DUPLICATE POLICY/CERTIFICATE OF INSURANCE

This policy has been lost or destroyed. If the policy is found later, I agree to surrender it to the Company without claim.

Notice of Withholding on Distributions or Withdrawals

The taxable portion of distributions you receive from the above policy are subject to Federal Income tax withholding and state income tax withholding, where applicable, unless you elect not to have withholding apply.

You may elect not to have withholding apply to your distribution payments by checking the appropriate box below.

If you do not respond by the date your distribution is scheduled to be made, Federal income tax and state income tax, where applicable, will be withheld from the taxable portion of your distribution.

If you elect not to have withholding apply to your distribution payments, 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.

I have read the above information and I DO NOT want to have Federal income tax (and state income tax, where applicable) withheld from my distribution.

I have read the above information and I DO want to have Federal income tax (and state income tax, where applicable) withheld from my distribution.

SIGN HERE FOR THE REQUESTED SERVICE OR CHANGE

Protective Life Insurance Company agrees that, if the policy requires endorsement or amendment for change or service requested on this form, recording and mailing a copy of this form will constitute such endorsement or amendment.

Witness _____

Owner _____
Date _____

Address _____

Witness _____

Owner _____
Date _____

Address _____

Assignee _____
Date _____

The above requested change has been approved and recorded by Protective Life Insurance Company at its Home Office this _____ (Date).

PROTECTIVE LIFE INSURANCE COMPANY



Secretary

Registrar

SIGNATURE REQUIREMENTS

1. Please sign in ink. (Pencil signatures cannot be accepted.)
2. If the Policy is assigned, the Assignee must also sign.
3. If the Owner resides in the Community Property States of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Puerto Rico, Argentina, Venezuela, The Dominican Republic, or the Phillipines, we recommend that the Owner's spouse join in signing this form. This is for the protection of both parties.
4. If the policy is owned by a partnership, association, or company, this form should be signed by an officer other than Insured.
5. If the Policy is owned by a corporation, this form must be signed by an officer other than the Insured and that signature must be attested by the Secretary of the corporation or two officers should sign. If there is only one corporate officer, please advise us on this form.
6. Signatures must be witnessed by a disinterested party of legal age.