

# Non-Financial Change Form

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Protective Life Insurance Company (PLICO/"the Company")  
 Protective Life and Annuity Insurance Company (PLAIC/"the Company")

Participant \_\_\_\_\_

Customer Service Office:

Contract Number \_\_\_\_\_

P.O. Box 1928

Birmingham, AL 35201-1928

Telephone: 1-800-621-5001

Daytime Phone Number \_\_\_\_\_

Fax: 1-205-268-6479

**Section 1: Address Change** (may also be completed by contacting our office if you are the owner or active agent of record)

Check One:  Owner  Insured \_\_\_\_\_  
 Annuitant  Beneficiary \_\_\_\_\_  
 Contingent Annuitant \_\_\_\_\_

Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Section 2: Name Change**

Check One:  Owner  Insured \_\_\_\_\_  
 Annuitant  Beneficiary \_\_\_\_\_  
 Contingent Annuitant \_\_\_\_\_

Reason for Name Change  
 Check One:  Marriage  Other \_\_\_\_\_  
 Divorce Please explain in section 7 and submit documentation \_\_\_\_\_

Print Previous Name \_\_\_\_\_  
 Previous Name Signature \_\_\_\_\_  
 Print New Name \_\_\_\_\_  
 New Name Signature \_\_\_\_\_

**Section 3: Maturity Date Change**

Change maturity date to: \_\_\_\_\_

- Please check with your plan administrator to determine if your qualified plan is subject to plan restrictions.

**Section 4: Beneficiary Change**

Name of Primary Beneficiaries	Street Address, City, State, Zip, Telephone No.	Relationship to Owner	Percentage	Date of Birth	Social Security #
			100%		
Name of Contingent Beneficiaries	Street Address, City, State, Zip, Telephone No.	Relationship to Owner	Percentage	Date of Birth	Social Security #
			100%		

- The new designation cancels all previous designations, subject to the rights of any existing assignment.
- Unless otherwise indicated, the right to change the beneficiary is reserved by the owner(s).
- If a trust is being named, indicate the full name of the trust and the date it was established as well as the first and last page of the trust.
- Percentage: designations must equal 100%.
- Such change will take effect when we receive and record it at our home office. After we receive and record the change form, it will take effect on the date the change was signed. However, any action taken by us before such change is received and recorded will remain valid.
- If not enough space is allocated, please utilize Section 7.

**Section 5: Ownership Change** (Applicable to Non-Qualified and Custodial IRA Accounts Only)Check One:  Owner  Joint Owner

Name of New Owner \_\_\_\_\_ New Owner Signature \_\_\_\_\_

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

Daytime Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

- If multiple owners are being requested, only one mailing address and taxpayer ID or Social Security Number can be recorded.
- The new ownership designation cancels all previous designations.
- The new address will replace the existing address on record.
- The existing owner(s) must sign in Section 8.
- If requesting ownership change to a trust include a copy of the trust document, trust name, trustee's name, trust date, tax ID and trustee's signature.
- A change of owner may have tax consequences. The Company strongly suggests you consult your attorney, accountant, and tax advisor for more information.

**Section 6: Annuitant Change** (Applicable to Non-Qualified Accounts Only)Check One:  Annuitant  Joint Annuitant

Name of New Annuitant \_\_\_\_\_ New Annuitant Signature \_\_\_\_\_

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

Daytime Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Only available on certain products. Please check contract provisions.
- Annuitant changes can be made at any time prior to the annuity date.
- The annuitant may not be changed if the contract owner is a non-natural person.
- Joint Annuitant changes can be made at the owner's discretion, but not if the owner is a non-natural person.

**Section 7: Special Instructions**


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**Section 8: Signatures**

By signing below, the Owner(s), Participant and Plan Administrator hereby certify that the information provided in this request is complete and accurate, and understand that this request will be processed according to the information provided.

If there is any inconsistency between the language in this form and the language in the contract, the language in the contract will take precedence.

Name of Owner \_\_\_\_\_ Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Joint Owner (if any) \_\_\_\_\_ Joint Owner's Signature (if any) \_\_\_\_\_ Date \_\_\_\_\_

Name of Participant (if other than owner) \_\_\_\_\_ Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Plan Administrator \_\_\_\_\_ Plan Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

If the Owner or Participant (if other than Owner) resides in a Community Property State, we recommend that the spouse of the Owner or Participant (as applicable) join in signing this form. This is for the protection of both parties. Please sign as spouse and date below.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**Spousal Consent for ERISA Plans:** I hereby consent to the request as stated above. I understand that a spouse is guaranteed certain rights to assets in this retirement account by federal law and that these include the right to a pre-retirement survivor's annuity and a joint and survivor annuity and that these rights could be diminished by change to the contract.

 Participant has no legal spouse.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by: (Plan Administrator or Notary Public Signature) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_