

Systematic Distribution Form

101

Participant Name _____

Contract Number _____

Daytime Phone Number _____

Protective Life Insurance Company (PLICO/"the Company")

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

Customer Service Office:

P.O. Box 1928

Birmingham, AL 35201-1928

Telephone: 1-800-621-5001

Fax: 1-205-268-6479

This form is being submitted due to: New Systematic Distribution Set Up Changes to Existing Systematic Distribution

Section 1: Systematic Distribution Options (Select One)

Distributions may be subject to income tax and if made before age 59 ½ may be subject to plan restrictions and an additional 10% IRS penalty. The Company suggests that you consult a tax advisor for information prior to requesting a distribution.

- A. Distribute \$ _____ (\$100 minimum) from my account on a pro-rata basis from all funds.
- B. Distribute interest earnings from the General Account/Guaranteed Period(s)/fund(s) specified below. If no details are specified, all available interest will be disbursed from the contract.
- C. Distribute \$ _____ (\$100 minimum) from my policy as indicated below.

Check One: Gross Withdrawal: Deduct any withdrawal charges and tax withholding from the amount requested
 Net withdrawal: Issue check for the exact amount requested. Deduct any withdrawal charges and tax withholding separately.

Investment Option	Indicate dollar amount to be withdrawn from each fund	OR	Percentage of total indicated above to be withdrawn from each fund

Section 2: Systematic Distribution Frequency

I would like Systematic Distributions to occur: Monthly Quarterly Semi-Annually Annually

Distribution Start Date: Begin systematic distributions on ____/____/____, 20 _____. (specify date)

Unless you specify a beginning date, distributions will begin on the day your request is received. Product rules may dictate a different distribution date than requested. Your actual distribution date will be confirmed once your request is complete.

Distribution End Date: Discontinue systematic distribution on the following date ____/____/____, 20 _____. (specify date)

Unless you specify an end date, Systematic Distributions will cease when all assets are withdrawn, when the swip amount is too small to satisfy product minimums or when the swip amount would cause the contract balance to fall below product minimums. You may notify us at any time if you would like to discontinue your Systematic Distributions.

Section 3: Qualifying Reason (Check One)

Systematic Distributions are not intended to satisfy Minimum Distribution Requirements. If you are age 70 ½ or older, please complete the Required Distribution Election Form.

- Severance of employment after participant has attained age 55 - Date of severance ____/____/____
- Participant has attained age 59½
- Disability (complete Section 4)
- Severance of employment - Date of severance ____/____/____
- Other (used for IRA and non-qualified contracts only)

Section 4: Disability

I certify that I am unable to engage in substantial gainful employment due to an impairment that is of a continuing or permanent nature as defined under Internal Revenue Code Section 72(m)(7).

Participant Signature: X _____ Date: _____

Section 5: Mailing Instructions

Payee: _____ Acct. # (if any): _____

Address/FBO: _____

Street Address: _____ City: _____ State: _____ Zip: _____

I wish to use Electronic Funds Transfers (Direct Deposit). I authorize The Company to correct electronically any overpayments of erroneous credits made to my account. **Please attach a voided check.**

