Systematic Distribution Form

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

101 Participant Name		Annuity Insurance Company (PLAIC/"the Company") Customer Service Office:	
		P.O. Box 1928	
Contract Number		Birmingham, AL 35201-1928 Telephone: 1-800-621-5001	
Daytime Phone Number		Fax: 1-205-268-6479	
This form is being submitted due to:		□ Changes to Existing Systematic Distribution	
available interest will be disbursed from C. Distribute \$ (\$100 Check One: D Gross Withdrawal: Deduct ar	nd if made before age 59 ½ may be su t you consult a tax advisor for informat minimum) from my account on a pro-rat heral Account/Guaranteed Period(s)/fund the contract. minimum) from my policy as indicated b my withdrawal charges and tax withholdin	ation prior to requesting a distribution. a basis from all funds. (s) specified below. If no details are specified, all elow.	
date than requested. Your actual distribution dat Distribution End Date: Discontinue s Unless you specify an end date, Systematic Distribution	Monthly Quarterly atic distributions on/ s will begin on the day your request is req e will be confirmed once your request is systematic distribution on the following da ributions will cease when all assets are w and cause the contract balance to fall belo	, 20 (specify date) ceived. Product rules may dictate a different distribution	
 Section 3: Qualifying Reason (Check One) Systematic Distributions are not intended to satis Required Distribution Election Form. Severance of employment after participant h Participant has attained age 59½ Disability (complete Section 4) Severance of employment - Date of severant Other (used for IRA and non-qualified contract 	as attained age 55 - Date of severance _ ce/////		
<i>Section 4:</i> Disability I certify that I am unable to engage in substantial under Internal Revenue Code Section 72(m)(7). Participant Signature: X		nt that is of a continuing or permanent nature as defined Date:	
Section 5: Mailing Instructions			
	Acct. # (ii	f any):	
Address/FBO:			
Street Address:	City:	State: Zip:	
I wish to use Electronic Funds Transfers (Dir credits made to my account. Please attach		o correct electronically any overpayments of erroneous	

Section 6: Tax Withholding Eligible Rollover Distributions: 403(b), ORP, ARP, 401(a) The Company is required to withhold twenty percent (20 "Direct Rollover". State withholding may also be required. distributions payable to the sponsor of an IRA or eligible emp information is provided in the attached Special Tax Notice. Other Distributions: IRAs, Non-Qualified Accounts and The Company is required to withhold ten percent (10%) or rollover distributions, unless you elect to cancel this witt payment of estimated tax and you may incur tax penalties if If you make no election, your signature authorizes 10% to Federal Withholding: (check one)	 %) of the federally taxable amount on dist A participant may elect a direct rollover by in oloyer retirement plan. A detailed description Minimum Distributions Only of the federally taxable amount on distributions. If you elect to cancel this withhol the sum of the amount withheld and your est to be withheld from the Systematic Distribution Do Not Withhold 10% 	nstructing The Company to make n of direct rollovers and related tax utions other than eligible ding, you may be responsible for imated tax payments are not sufficient.		
Section 7: Notary For your protection, Protective Life requires a Notary Signature for ALL first time electronic fund transfers (EFTs), new bank accounts, changes to your bank account on file, payments to a different address than on file or third party payees. If your request does not include a notarization, we will process your request as a check to the address of record.				
	NOTARY	PUBLIC SEAL STAMP HERE:		
Notary Public Signature	Date			
Title				
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 The Company will process this request according to the information provided. By signing below, the Participant acknowledges that he/she has read and understands the Special Tax Notice and affirmatively elects to process the distribution as requested. This affirmative election will waive the 30 day period to which the Participant is entitled to consider this distribution.				
Name of Owner	Owner Signature	Date		
Name of Joint Owner	Joint Owner Signature	Date		
Name of Participant (if other than owner)	Participant Signature	Date		
Name of Plan Administrator (if any)	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 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 chance to the contract.				
		Participant has no legal spouse.		
Spouse Signature 3361-GEN-04 (01/18)	Date	Page 2 of 2		