

Distribution Request Form

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

Contract Owner _____

Contract Annuitant _____

Contract Number _____

Daytime Phone Number _____

Plan Type _____

Customer Service Office:
P.O. Box 1928
Birmingham, AL 35201-1928
Telephone: 1-800-621-5001
Fax: 1-205-268-6479

Section 1: Distribution Amount

Distributions may be subject to income tax and if made before age 59½ may be subject to an additional 10% IRS penalty. The company suggests that you consult an attorney, accountant, or tax advisor for information prior to requesting a distribution.

Full distribution will result in termination of contract.

Check One: I hereby request a total SURRENDER of my contract/certificate (please enclose).

I/we certify that this contract has been lost or destroyed. If it is found later, I/we agree to surrender it to the company without claim.

Partial distribution (check one below) must meet minimum withdrawal amount requirements for the product, except RMD's.

Check One: Gross withdrawal \$ _____: Deduct any withdrawal charges and tax withholding from the amount requested.

Net withdrawal \$ _____: Issue check for amount requested. Deduct any withdrawal charges and tax withholding separately.

Interest only: Distribute all interest earnings from the fixed account. Will be processed as a gross withdrawal.

Penalty free amount: Withdraw maximum amount without incurring surrender charges. Will be processed as a gross withdrawal.

Required Minimum distribution (RMD): Will be calculated using a uniform distribution period that is based on IRS tables. If you have a spouse as sole beneficiary who is more than 10 years younger, your distributions will be based upon the joint life expectancy of you and your spouse. Does not apply to non-qualified or ROTH IRA contracts.

The withdrawal will be taken pro-rata from all existing Subaccounts / Fixed Accounts. Withdrawals from Guaranteed Period Accounts may incur a market value adjustment.

Section 2: Reason for Distribution (Not applicable to IRA and Non-Qualified contracts)

Participant has attained age 59½

Severance of employment after participant has attained age 55 - Date of severance _____/_____/_____

Severance of employment - Date of severance _____/_____/_____

Disability. By checking this box, 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).

Financial hardship. (complete Section 4)

Section 3: Vesting Instructions (for 401(a), 401(k), 403(b), 457, ORP & ARP Plans) This section must be completed by the Plan Administrator.

Are employer contributions vested?

- Yes No If no, indicate the percentage amount vested: _____%

Section 4: Financial Hardship Distribution Under 403(b) Plans (Not Applicable to IRA and Non-Qualified Contracts)

For 403(b) and 401(a) plans, earnings accumulated after December 31, 1988 may not be distributed under financial hardship. Hardship withdrawals are available according to Internal Revenue Code Sections 401(k)(2) and related federal tax regulations, and must be made to satisfy an immediate heavy financial need.

Financial Hardship Need: (Please check one)

- | | |
|--|---|
| <input type="checkbox"/> Medical expenses incurred by me, my spouse or dependents | <input type="checkbox"/> Purchase of my principal residence (excluding mortgage payments) |
| <input type="checkbox"/> Tuition, related educational fees, room and board expenses for the next 12 months of post-secondary education for me, my spouse or dependents | <input type="checkbox"/> Preventing foreclosure on my principal residence or eviction from my principal residence |

Available Resources

Prior to requesting a financial hardship distribution, you must use resources that are reasonably available to you to satisfy the financial hardship need, including assets of your spouse and minor children.

Indicate if you have used the following resources to satisfy your financial hardship need:

	Yes	No
Liquidation of assets	<input type="checkbox"/>	<input type="checkbox"/>
Cessation of elective contributions or employee contributions under the plan	<input type="checkbox"/>	<input type="checkbox"/>
Loans or distributions from any plan maintained by the employer or any other employer	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Loans	<input type="checkbox"/>	<input type="checkbox"/>
Reimbursement or compensation by insurance or otherwise	<input type="checkbox"/>	<input type="checkbox"/>

If you checked "No" to any of the above, you are not eligible for a financial hardship distribution, since you have not used resources that are reasonably available to you. The company reserves the right to require documentation to support your request for a financial hardship distribution.

Certification

I certify that all the information I have provided is accurate. I also certify that the amount of the distribution I have requested does not exceed the amount necessary to relieve my financial hardship need and that I have used all resources that are reasonably available to me to satisfy the financial need.

Participant Name

Participant Signature

Date

Section 5: Mailing Instructions

- Check One: Address of record Other (indicate address below) This is a permanent address change
- 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 to this request.**

Please note - Express mail will not be delivered to a PO Box

Street Address

City

State

Zip Code

Section 6: Express Mail

- Please withdraw \$15.00 from my account and express mail the check to the address indicated in the Mailing Instructions section. I understand that this constitutes a distribution from my account and the company will withhold the appropriate amount for federal income taxes (if withholding is elected). Express fees may change based on mailing address but currently will not exceed \$15.00.

Section 7: Special Instructions

Section 8: Tax Withholding for IRA's, Non-Qualified Accounts and Required Minimum Distributions Only

The Company is required to withhold ten percent (10%) of the federally taxable amount on distributions other than eligible rollover distributions, unless you elect not to have withholding apply. If you elect not to have withholding apply, you may be responsible for payment of estimated tax and you may incur tax penalties if the sum of the amount withheld and your estimated tax payments are not sufficient. Your election may be revoked at any time and will remain in effect until revoked. If you make no election, 10% will be withheld from the distribution.

- Federal Withholding: Withhold 10% Do Not Withhold _____ Specify % or \$
- State Withholding: Withhold as Required by State Do Not Withhold _____ Specify % or \$

Section 9: Tax Withholding for 403(b), ORP, ARP, 401(a), 401(k), and 457 Plans Only

The Company is required to withhold twenty percent (20%) of the federally taxable amount on all distributions unless the distribution is deemed a "Direct Rollover". State withholding may also be required. If you elect to have the company withhold more than 20%, please indicate this below. A participant may elect a direct rollover by instructing the Company to make distributions payable to the sponsor of an IRA or eligible employer retirement plan.

- Federal Withholding: _____ Specify % or \$ (cannot be less than 20%)
- State Withholding: Withhold as Required by State Do Not Withhold _____ Specify % or \$

Section 10: Additional 10% Tax if You Are Under Age 59 ½

If you receive a distribution before you reach age 59 ½ and you do not roll over the payment to an eligible retirement plan, then in addition to the regular income tax, you may have to pay an extra tax equal to 10% of the taxable portion of the payment. The additional 10% tax does not apply to your payment if it is (1) paid to you because you separate from service with your employer during or after the year you reach age 55, (2) paid because you retire due to disability, (3) used to pay certain medical expenses, (4) paid to you as part of a Qualified Domestic Relations Order, or (5) paid to you as a corrective distribution. Beginning in 1998, the additional 10% tax may be waived for distributions from IRAs for: (1) qualified higher education expenses, (2) health insurance premiums, or (3) qualified first-time homebuyer distributions. See IRS Form 5329 for more information on the additional 10% tax.

