

**Protective Income Builder
Guaranteed Income Benefit Election**

Owner's Name: _____ Contract Number: _____

Instructions:

- _____ I want to set my Benefit Election
Setting the Benefit Election Date will initiate your contract's Benefit Period. Please refer to your Contract and Rider for details.
- _____ I want to start my Partial Automatic Withdrawal
- _____ I want to make a change to my existing Withdrawal
- _____ I want to cancel my existing Withdrawal
- _____ I want to take a One-Time Withdrawal in the amount of \$ _____

Payout Option:

- _____ Single Payout (based on the owner's life only)
If single payout is elected, the covered person will be the single primary owner or the oldest joint owner.

- _____ Joint Payout (based on the owner and spouse's life)
If joint payout is elected please provide:

Covered Person 1 Date of Birth SSN/Tax ID

Covered Person 2 Date of Birth SSN/Tax ID Relationship to Owner

If joint payout is elected and the owner is a Custodian, the sole primary beneficiary of the custodial account must be the spouse of the annuitant. Please verify this information before submitting the form.

Income Option:

- For calculation of the Annual Withdrawal Amounts, use the:
 - _____ Level Income Option – Use the age of (younger) Covered Person on Benefit Election Date. The withdrawal percentage is set as of the Benefit Election Date.
 - _____ Rising Income Option – Use the attained age of (younger) Covered Person on the most recent prior Contract Anniversary Date. The withdrawal percentage increases annually.

How much do you want:

- _____ Send me the maximum annual withdrawal amount allowed
- _____ Send me only \$ _____

Any Annual Withdrawal Amount (AWA) not taken during the year is not cumulative from year to year. If you begin taking your AWA at a point between contract anniversary dates, you may request a one-time withdrawal of the amount that is available from the most recent contract anniversary to the first withdrawal scheduled.

- _____ Please check here if you want a one-time withdrawal of the amount available.

¹ Not authorized in New York

When do you want it:

Select One: _____ Monthly _____ Quarterly _____ Semi-Annually _____ Annually

Beginning Date: _____ mm/dd (select a date between the 1st – 28th)

The begin date selected will be the date the withdrawal is processed. Please allow 3-5 business days for EFT to be received at your bank.

Do you want taxes withheld: (Living Benefit Withdrawals are treated as distributions, NOT transfers. All withdrawals will be processed as gross amount; tax withholding does reduce the amount of the check.)

Federal _____ Do Not Withhold _____ Specify % or Dollar Amount

State _____ *Do Not Withhold _____ **Specify % or Dollar Amount

*Some states require mandatory state income tax when federal income tax is withheld. For these states we will withhold based on the state requirements.

**Some states do not allow state income tax withholding. We will withhold according to your instructions allowed by the state.

I understand that I am responsible for payment of federal income tax on the taxable portion of each withdrawal I receive, even if I choose not to have federal income tax withheld from my withdrawal. I also understand that if I don't specify the tax withholding I want before my payment date, 10% federal income tax and applicable state income tax will be withheld from the taxable portion of my withdrawals until I make a different election.

I want my funds sent electronically to my bank (EFT):

PLEASE ATTACH A VOIDED CHECK

Routing Number: _____ Bank Account Number: _____

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 payers. 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

SIGNATURES:

Owner's Signature Date Joint Owner's Signature Date

Owner's SSN / Tax ID Number Joint Owner's SSN / Tax ID Number

Annuitant's Signature (if Custodially Owned) Date