Protective Life Insurance Company ¹ West Coast Life Insurance Company ¹ Protective Life and Annuity Insurance Company Post Office Box 1928 / Birmingham, AL 35201-1928 Toll Free: 800-456-6330 / Fax: 205-268-6479

RMD Withdrawal Service Form For Fixed Annuity Contracts

Owner's Name: _____ Contract Number: _____ PART 1 – Withdrawal Request (Choose one) Please send to me now only the amount to satisfy my Required Minimum Distribution (RMD). Complete the Federal Tax Withholding form to give us your withholding instructions. I wish to take an amount in addition to my RMD amount. The total amount I wish to take now is \$ _____ (RMD amount plus additional amount.) Any amount taken in addition to the RMD amount may be subject to a surrender charge. Complete the Federal Tax Withholding form to give us your withholding instructions. I do not wish to have the RMD amount withdrawn from this contract. If we do not hear back from you we assume that you are satisfying RMD requirements elsewhere. PART 2 – Request to set up Automatic RMD Withdrawals Use this section to request RMDs to be calculated and distributed automatically each year. Check the box and enter the month and day you want RMD to be distributed each year. Be sure to read the instructions in a - c. Auto RMDs will not be allowed on contracts where automatic interest withdrawals (AIWs) are being paid. If we receive instructions to set up Automatic RMD Withdrawals, we will discontinue AIWs. Please automatically send my distribution each year on _____(month)____(day-choose 4th-28th). Complete the Federal Tax Withholding form to give us your withholding instructions. a. If, when we receive this form, the month and day chosen have already passed for this tax year, you will need to give us instructions for the RMD for this tax year in PART 1 above. Otherwise we will assume you have already fulfilled the current tax year's RMD for this contract and the auto RMD will begin next tax year. b. If, when we receive this form, the month and day chosen have not passed for this tax year, we will set the auto RMDs to begin with the current tax year unless you instruct us differently below. Begin auto RMDs next year. I have already satisfied the RMD for this tax year. ☐ Begin auto RMDs next year. Send amount to satisfy the RMD for this tax year immediately.

Continue to Page 2 to complete and sign for this request.

c. If the current tax year is the first year you are required to take an RMD and you plan to delay taking the first required distribution until AFTER December 31st, you will need to make arrangements for a one time RMD withdrawal between January 1st and April 1st to satisfy the first year RMD. Auto RMDs only satisfy the current tax year's required

distribution.

PART 3	- N	lailing or Electronic Funds Instructions							
		I wish to have a check mailed to the address	of record.						
		I wish to have my funds sent electronically to	my bank (EF	Γ):					
		PLEASE AT	TTACH A VO	IDED CHECK					
		Routing Number:	Acc	count Number:					
		Important notes for participants electing th	e Automated	Required Distribution program:					
	0	Auto RMDs will not be allowed on con are being paid. If we receive instruction discontinue AIWs.							
	0	RMD amount is subject to any applicab		•					
	0		Remember, auto RMDs only satisfy the current tax year's required distribution. See <i>c.</i> above if you are delaying the first required distribution.						
	0	RMDs must be sent to your address of record or by electronic funds to your primary checking account.							
	0	Any distribution made in a year that a deemed an RMD until the full amount scheduled to be withdrawn, only the ar withdrawn and sent.	of the RMD	is satisfied. On the day the RMD is					
	Lif€ W∈	t required to) have your RMD calculated using etime table. This may result in a lower payme e encourage you to consult your tax advisor for I elect the Joint Life Expectancy table	nt and will be	different than the amount stated in your letter. nd guidance.					
				Spouse Beneficiary's Date of Birth					
PART 4	For	lotary: r your protection, Protective Life requires a Nota Ts), new bank accounts, changes to your bank third party payees. If your request does not ince the address of record.	caccount on t	file, payments to a different address than on file					
				NOTARY PUBLIC SEAL STAMP HERE:					
	No	tary Public Signature	Date						
	Titl	le							
PART 5	- S	ignature:							
	Ow	vner's Signature	-	Date					
	Ex	press Mail Request							
		I wish to have my RMD sent express mail and check amount.	understand th	e express charge will be taken from the net					

Form W-9 (Rev. October 2018) Department of the Treasury, Internal Revenue Service

Taxpayer Identification Number and Certification

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.									
Business name/disregarded entity name, if different from above									
	opriate box for federal tax classification of the person whose name is entered on the Name line abo ing seven boxes:	Exemptions (codes apply only to certain entities, not individuals)							
single-m Limited li Note. C tt L d	al/sole proprietor or □ C Corporation □ S Corporation □ Partnership □ Trust lember LLC liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Check the appropriate box in the line above for the tax classification of the single-member owner. In the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member lisregarded from the owner should check the appropriate box for the tax classification of its owner.	Exempt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)							
City, State, a	and ZIP code	Requester's name and a	address (optional)						
List account	number(s) here (optional)								
Part I	Taxpayer Identification Number (TIN)								
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" Social security number of the "Name"				mber					
resident alien, so other entities, it i on the W-9 instru Note . If the acc	ckup withholding. For individuals, this is generally your social security (SSN). However, for a pole proprietor, or disregarded entity, see Part I of the W-9 instructions at website listed below. For is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> actions at website listed below. count is in more than one name, please refer to the W-9 instructions for guidelines on whose an Also, see <i>What Name and Number to Give the Requester</i> for guidelines on whose number to	-	-						
		Employer identifica	cation number						
		-							
Part II	Certification								
Under penalties	of perjury, I certify that:								
The number shown on this form is my correct taxpayer identification number (or) I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and									
	I am a U.S. citizen or other U.S. person , and								
	CA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct								
report all interes property, cancell	structions. You must cross out item 2 above if you have been notified by the IRS that you are cured and dividends on your tax return. For real estate transactions, item 2 does not apply. For real lation of debt, contributions to an individual retirement arrangement (IRA), and generally, payment but you must provide your correct TIN.	nortgage interest paid,	acquisition or aba	ndonment (of secured				
•	ignature of .S. person ▶	Date ▶							

IMPORTANT – if any part of the payment made to you could be subject to backup withholding and we do not receive this completed form, we will do backup withholding of 24% on those amounts.