**Terminal Illness Certification Form**

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

**Contract Owner** ________________________________  
**Contract Number** ________________________________  
**Daytime Phone Number** ________________________________  

**Please Note:** This rider may not be applicable on all products. Please refer to contract provisions.

Withdrawal charges will not be assessed when a total or partial withdrawal is requested in a form satisfactory to the Company.

1. If you or the annuitant (if the owner is not a natural person) are first diagnosed with a terminal illness at least 30 days after the issue date; and  
2. If you claim this benefit and return this form with physician’s signature as proof of diagnosis to us.

### Section 1: Required Information

I hereby request a waiver of withdrawal charges due to a terminal illness.

Date you became terminally ill ________________________________

### Section 2: Signatures

Your Signature certifies that the information provided is complete and accurate.

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<th>Name of Owner/Trustee (Please Print)</th>
<th>Owner/Trustee Signature</th>
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<th>Name of Physician (Please Print)</th>
<th>Physician Signature</th>
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