

# 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 \_\_\_\_\_

Customer Service Office:  
P.O. Box 1928  
Birmingham, AL 35201-1928  
1-800-621-5001

**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.

\_\_\_\_\_  
Name of Owner/Trustee (Please Print)

\_\_\_\_\_  
Owner/Trustee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Physician (Please Print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date