Non-Financial Change Form

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

100%

Participant Contract Number						Customer Service Office: P.O. Box 1928			
Daytime Phone Number									
	_	(may also be	completed by contacting o	our office i	if you are the owner	er or active agen	t of record)		
Check One:	☐ Owner☐ Annuitant		☐ Insured☐ Beneficiary	Ctroot A	144000				
ı				Street Address					
	☐ Contingen	t Annuitant		City		State		Zip	
				Birthdate	e §	Social Security Nur	nber Tele	ephone Number	
Section 2: N	ame Change								
Check One:	☐ Owner		☐ Insured	Print Previous Name					
	☐ Annuitant		☐ Beneficiary						
	☐ Contingen	☐ Contingent Annuitant		Previous Name Signature					
Reason for Na	ame Change								
Check One:	☐ Marriage	☐ Marriage ☐		Print New Name					
	☐ Divorce		Please explain in section 7						
		a	and submit documentation		ame Signature				
Section 3: M	laturity Date Cha	ange							
Change matur	ity date to:								
Please che	eck with your pla	n administrator	r to determine if your quali	ified plan i	is subject to plan r	estrictions.			
Section 4: B	Seneficiary Chan	ige							
Name of Primary			Street Address, City, State, Zip, Telephone		Relationship to Ov	vner Percentage	Date of Birth	Social Security #	
					 		 	<u> </u>	
					+		 	<u> </u>	
					†		<u> </u>	 	
					<u> </u>		<u></u>		
						100%			
Name of Conting	gent Beneficiaries	Street Addre	ress, City, State, Zip, Telepho	ne No.	Relationship to Ov	vner Percentage	Date of Birth	Social Security #	
		 			<u> </u>		<u> </u>		
					 		 	 	

- The new designation cancels all previous designations, subject to the rights of any existing assignment.
- Unless otherwise indicated, the right to change the beneficiary is reserved by the owner(s).
- If a trust is being named, indicate the full name of the trust and the date it was established as well as the first and last page of the trust.
- Percentage: designations must equal 100%.
- Such change will take effect when we receive and record it at our home office. After we receive and record the change form, it will take effect on the date the change was signed. However, any action taken by us before such change is received and recorded will remain valid.

• If not enough space is allocated, please utilize Section 7.

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Section 5: Ownership Change (Applicable to Non-Qualified and C	Custodial IRA Accounts Only)							
Check One:								
Name of New Owner	New Owner Signature							
Street Address	City	State	Zip					
Daytime Phone Number If multiple owners are being requested, only one mailing address and taxpayer ID or Social Security Number can be recorded. The new ownership designation cancels all previous designations. The new address will replace the existing address on record. The existing owner(s) must sign in Section 8. If requesting ownership change to a trust include a copy of the trust document, trust name, trustee's name, trust date, tax ID and trustee's signature. A change of owner may have tax consequences. The Company strongly suggests you consult your attorney, accountant, and tax advisor for more information.								
Section 6: Annuitant Change (Applicable to Non-Qualified Account Check One: ☐ Annuitant ☐ Joint Annuitant	nts Only)							
Name of New Annuitant	New Annuitant Signature							
Street Address	City	State	Zip					
 Only available on certain products. Please check contract provisions Annuitant changes can be made at any time prior to the annuity date The annuitant may not be changed if the contract owner is a non-nat Joint Annuitant changes can be made at the owner's discretion, but in Section 7: Special Instructions 	e. tural person.	rson.						
Section 8: Signatures By signing below, the Owner(s), Participant and Plan Administrator herebunderstand that this request will be processed according to the information of the inform	on provided.							
Name of Joint Owner (if any)	Joint Owner's Signature (if any)		Date					
Name of Participant (if other than owner)	Participant Signature		Date					
Name of Plan Administrator Plan Administrator Signature Date If the Owner or Participant (if other than Owner) resides in a Community Property State, we recommend that the spouse of the Owner or Participant (as applicable) join in signing this form. This is for the protection of both parties. Please sign as spouse and date below.								
Spouse Signature Spousal Consent for ERISA Plans: I hereby consent to the request as this retirement account by federal law and that these include the right to rights could be diminished by change to the contract. □ Participant has no legal spouse.								
Spouse Signature	Date							
Witnessed by: (Plan Administrator or Notary Public Signature)	Title		Date					

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