

Life and Annuity Division

Protective Life Insurance Company¹

West Coast Life Insurance Company¹

VARIABLE

Annuity Claimant's Statement

Protective Life and Annuity Insurance Company

Post Office Box 1928 / Birmingham, AL 35201-1928

Toll Free: 800-456-6330 / Fax: 205-268-6479

ANNUITY CLAIMANT'S STATEMENT MUST BE SUBMITTED WITH ORIGINAL CERTIFIED DEATH CERTIFICATE

1. Certified Death Certificate must include cause of death
2. The original Certified Death Certificate will be returned to you
****Please note that the applicable Death Benefit will be determined the day we receive due proof of death (the certified death certificate) based on market rules. After this initial valuation the value continues to be subject to market fluctuation based on the performance of the variable sub-accounts the contract is invested in.**

This market fluctuation will impact multiple beneficiaries filing claims at different times and/or providing proof of death without all required paperwork or signatures.

SECTION A - Contract Information

Policy number of contract(s): _____

Lost contract: I certify that the contract(s) has been lost or destroyed. If found later, I agree to surrender it to the Company without claim.

SECTION B - Information on Deceased - Please list any other names by which the insured may have been known. This should include maiden name, nicknames, hyphenated names, derivative forms of first or middle names, and any alias.

1. Deceased Full Name: _____

| | | |
|-------|--------|------|
| First | Middle | Last |
| First | Middle | Last |
2. Date of Death: _____

| | | |
|-------|-----|------|
| Month | Day | Year |
|-------|-----|------|

SECTION C - Information on Claimant

1. Claimant's Full Name: _____

| | | |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|
2. Claimant's Mailing Address: _____

| | |
|--------------------|--------|
| Street Address | Apt. # |
| City / State / Zip | |
3. Date of Birth: _____
4. Relationship to Deceased: _____
5. Social Security Number: _____
6. Home / Work Phone Numbers: _____
7. E-mail Address (Optional): _____

¹Not authorized in New York

SECTION D - OPTIONS.

(Option chosen may be subject to a Pre-Determined Death Benefit Election already established by the deceased owner.) Please choose one option only:

SPOUSAL CONTINUATION - (Not available for TSA's) - As the spouse of the deceased, I elect to become the new Owner and / or Annuitant and continue the contract. I understand that this election is in lieu of receiving the death benefit and that my contract value will become the amount otherwise payable as the death benefit. I also understand that a new Annuity Commencement Date will be assigned to the contract based on contract rules. As owner, I will be subject to all contract provisions currently in existence, including any applicable sales charge. **Only available to the spouse if the spouse is the SOLE beneficiary on the contract.** Please elect your beneficiary below:

Primary Beneficiary(s): _____

Contingent Beneficiary(s): _____

Contracts with a SecurePay rider: If the contract was in the Benefit Period and the deceased was the single Covered Person, the rider has terminated. As the new Owner, you may elect to purchase a new SecurePay rider at the current cost, if the rider is available.

I wish to purchase a SecurePay rider. I understand that the current cost will be deducted from the contract value each month. I also understand that the initial Benefit Base will be the contract value on the rider's effective date. Please select one:

SecurePay

SecurePay R72 (may not be available in all states)

Continue to page 4 for signature.

INCOME OPTION - Only available if elected within 1 year from the date of death of the owner.

I choose to apply the policy value to provide one of the following income options (Not available for Estates or Trusts)

Equal monthly installments for ____ years. (Not less than 5 years or more than 30. Guaranteed period cannot exceed your life expectancy.)

*Equal monthly installments for my lifetime, guaranteed for ____ years. (Not less than 5 years or more than 30 years. Guaranteed period cannot exceed your life expectancy.)

Equal monthly installments of \$_____ for a specific number of months until exhausted. (Not less than 5 years.)

****Proof of Age: Need Copy of Driver's License or Birth Certificate.***

Primary Beneficiary(s): _____

Contingent Beneficiary(s): _____

Mode of Payment: Monthly Quarterly Semi-Annually Annually

Payment Method: EFT Check Begin date (mm/dd/yy) ____ / ____ / _____ (1st - 28th only)

If EFT, please provide the following information: Checking (need copy of voided check)

Account Number: _____ Routing Number: _____

If Check, please provide the following information:

Make check payable to: _____

Mailing Address: _____

Continue to page 4 for signature AND complete and return Federal Tax Withholding on Periodic Annuity Payments Form LAD-1114 attached.

DEFERRAL - I elect to defer the distribution of the annuity proceeds until a date not later than 5 years from the date of death. You may not elect a new beneficiary, the new beneficiary will be your estate. **(For qualified contracts, this option is only available IF the deceased died prior to age 70 1/2.)**

Continue to page 4 for signature.

LUMP SUM - I elect to receive a lump sum distribution.

Complete Payment Method AND Federal Tax Withholding on Non-Periodic Payments Form LAD-1133 enclosed and sign page 4.

Payment Method: EFT Check

If EFT, please provide the following information: Checking (need copy of voided check)

Account Number: _____ Routing Number: _____

If Check, please provide the following information:

Make check payable to: _____

Mailing Address: _____

STRETCH - Stretch payments over my single life expectancy. Stretch payments may change from year to year. Not available for Estates. For qualified contracts, a Trust may be named on an IRA contract if the following requirements are met: 1) The Trust must be valid under state law, 2) The Trust must be irrevocable, or if revocable while the IRA holder is alive, must become irrevocable upon the individual's death, and 3) The Trust must have identifiable beneficiaries listed. Not available for Roth IRAs.

This option is available to a beneficiary who elects to take distributions using systematic withdrawals over his / her single life expectancy, recalculated if spouse and non-recalculated if non-spouse, in lieu of annuitization. The beneficiary must take a minimum amount from the annuity each year to satisfy IRS requirements. Additional amounts may be taken if the beneficiary chooses but will NOT reduce the following year's minimum required distribution. If the required distribution is not taken from the contract each year, the entire amount remaining in the annuity may become taxable immediately. **Payments must begin within 1 year of the date of death.** Please elect a beneficiary below:

Beneficiary: _____

Mode of Payment: Monthly Quarterly Semi-Annually Annually

Payment Method: EFT Check Begin date (mm/dd/yy) ___ / ___ / _____ (5th - 28th only)

If EFT, please provide the following information: Checking (need copy of voided check)

Account Number: _____ Routing Number: _____

If Check, please provide the following information:

Make check payable to: _____

Mailing Address: _____

Complete Payment Method above AND Federal Tax Withholding Form LAD-1133 enclosed and sign page 4.

STRETCH PAYOUT RULES FOR QUALIFIED CONTRACTS ONLY:

If death occurred **PRIOR** to the deceased's Required Beginning Date and the:

- Spouse is the **SOLE** beneficiary - payments will be recalculated and must begin by the later of 12/31 following the year of death, or 12/31 of the year the deceased would have turned 70 1/2.
- Spouse is **NOT** the **SOLE** beneficiary or you are a Non-spouse beneficiary - payments will be non-recalculated and must begin by 12/31 following the year of death.

If death occurred **AFTER** to the deceased's Required Beginning Date and the:

- Spouse is the **SOLE** beneficiary - payments will be based on the longer of 1) the single life expectancy of the spouse beneficiary, recalculated and must begin by 12/31 following the year of death, or 2) the life expectancy of the deceased, fixed in the year of death, non-recalculated and must begin by 12/31 following the year of death.
- Spouse is **NOT** the **SOLE** beneficiary **OR** you are a Non-spouse beneficiary - payments will be based on the longer of 1) the life expectancy of the beneficiary, non-recalculated and must begin by 12/31 of the year following death, or 2) the life expectancy of the deceased, fixed in the year of death, non-recalculated and must begin by 12/31 following the year of death.

SIGNATURES

UPS service available for an additional charge Yes

Claimant

Date

Witness

Fraudulent Claim Warnings

- Any person with intent to defraud who files an application or a claim containing false or misleading information may be guilty of insurance fraud. Anyone who knows that someone is committing fraud against an insurer may be guilty as well.
- Some states require that we provide specific fraud claim warning language. Before signing the claim form, please read the warning for the state where you live and the state where the insurance policy was issued.

Arkansas, Louisiana, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents a false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to civil and criminal penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Washington DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false incomplete, or misleading information is guilty of a felony in the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company of other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: “Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” MD code Ann. Ins. HB 301' 27-805.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Puerto Rico: Any person who, knowingly and with intention of defrauding presents false information in an insurance application, or presents, helps or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia, Washington: It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. (NAIC Model)

Life and Annuity Division

Protective Life Insurance Company¹

West Coast Life Insurance Company¹

Protective Life and Annuity Insurance Company

Post Office Box 1928 / Birmingham, AL 35201-1928

Toll Free: 800-456-6330 / Fax: 205-268-6479

Federal Tax Withholding on Periodic Annuity Payments

Owner's Name: _____

NON-TAX QUALIFIED PLAN

Contract Number: _____

IRA / SEP

The taxable portion of the periodic annuity payments you receive from the above contract are subject to Federal income tax withholding, by treating each payment as wages, unless you elect not to have withholding apply. You may elect not to have tax withheld from your payment(s) by checking the appropriate box below, signing and dating this form, and returning it to us at the Home Office. If you do not elect out of withholding, Federal income tax will be withheld from your payments, using IRS wage withholding tables, based on the marital status and number of withholding allowances you have claimed below. If you do not elect a marital status and number of withholding allowances, we are required to withhold tax by treating you as a married individual claiming three (3) withholding allowances until you file an election to request withholding on a different basis. However, if we do not have your correct Social Security Number, you may not elect out of withholding and we must withhold tax by treating you as a single individual claiming zero (0) withholding allowances.

Your election will remain in effect and apply to all future payments you receive in this series under this contract until you change or revoke it. You may make, change, or revoke your election at any time and as often as you wish with regard to future payments in this series by filing a new election or sending us a completed IRS Form W4-P. Any election, change, or revocation of a previously filed election will be effective no later than for payments made 30 days after the new form is received by us. Your distribution may also be subject to state tax withholding requirements.

If you elect not to have withholding apply to your annuity payments, or if you do not have enough Federal income tax withheld from your payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Withholding Election – Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your annuity payments. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

*For 403(b) and certain other qualified plans, the Company is required to withhold 20% federal income tax on the taxable amount of distributions that are not a direct rollover.

Please select one: (In some states, if federal income tax is withheld, state withholding will also apply)

- I have read the above information and **I DO NOT** want to have Federal income tax and state income tax, where applicable, withheld from my periodic annuity payments from this contract.
- I have read the above information and **I DO** want to have Federal income tax and state income tax, where applicable, withheld from my periodic annuity payments from this contract as indicated below. (Unless you elect otherwise below, we must treat you as a married person claiming 3 withholding allowances.)

Withhold based on: _____ (Please enter number of allowed)

Marital Status: (Check one)

Single

Married but withhold at higher rate

Married

Married but withhold at the "Single" rate

I want the following additional amount withheld from each payment: \$ _____

State Withholding: *Do Not Withhold

_____ **Specify % or \$

***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 as allowed by the state.**

Owner's Signature

Date

Joint Owner's Signature

Date

Owner's SSN / Tax ID Number

Joint Owner's SSN / Tax ID Number

THIS ELECTION SUPERCEDES PREVIOUS ELECTIONS FOR PAYMENTS FROM THIS CONTRACT

¹ Not authorized in New York

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

Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

- Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other ▶ _____

Exemptions (codes apply only to certain entities, not individuals):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

Address (number, street, and apt, or suite no.)

Requester's name and address (optional)

City, State, and ZIP code

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" line to avoid backup withholding. For individuals, this is your social security (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3 of the W-9 instructions at website listed below. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3 of W-9 instructions at website listed below.

Note. If the account is in more than one name, see the chart on page 4 of W-9 instructions for guidelines on whose number to enter.

Social security number

| | | | | |
|--|---|--|---|--|
| | - | | - | |
|--|---|--|---|--|

Employer identification number

| | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| | | - | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Sign Here

Signature of U.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 28% on those amounts.

IRS W-9 form instructions can be used for clarification in completing this form. See www.irs.gov/pub/irs-pdf/fw9.pdf