

Life and Annuity Division

Withdrawal Request Form
(Please use LAD-1233 for any
SecurePay Benefit Withdrawals)

Protective Life Insurance Company¹
West Coast Life Insurance Company¹
Protective Life and Annuity Insurance Company
Post Office Box 1928 / Birmingham, AL 35201-1928
2801 Highway 280 South / Birmingham, AL 35223
Toll Free: 800-456-6330 / Fax: 205-268-6479

Owner's Name: _____ Contract Number: _____

WITHDRAWAL² – Withdrawals in excess of the surrender charge-free amount may be subject to surrender charges and/or MVA (if applicable). If you wish to exercise the ProPayer SPIA Commutable Benefit, a full surrender is required. Your contract may require a remaining balance after your withdrawal has been processed. If you would like the withdrawal to be deposited directly into your checking account via Electronic Funds Transfer (EFT) you must enclose a voided check with this request. Withdrawal of earnings is subject to income tax and may be subject to a 10% IRS penalty if taken prior to age 59 ½. For additional information, please refer to your contract or prospectus, if applicable. Also please note: Certain withdrawals within 12 months of a partial exchange can potentially disqualify the tax free exchange. See signature page for IMPORTANT information.

1. ☐ Please withdraw \$_____ from my contract.
Process my withdrawal as: ☐ Gross ☐ Net (If no selection is made, will process as NET)
☐ Please withdraw the entire contract value. (Please enclose your contract or check the Lost Contract Statement box at the bottom of page 3.)
☐ Withdraw the Required Minimum Distribution (RMD).
☐ Withdraw the maximum amount without incurring surrender charges.
2. ☐ Pro-rate the withdrawal across my current investment allocations.
☐ Take the withdrawal from the funds/guaranteed periods indicated below:
\$% _____ from _____ \$% _____ from _____
\$% _____ from _____ \$% _____ from _____

AUTOMATIC INTEREST WITHDRAWAL (AIW) – MVA Contracts ONLY: You may withdraw up to the prior year's interest earned. If you choose any payment frequency, except annual, the payment amount during a contract year will be less because of the interruption of interest compounding. Withdrawals will be made by the 3rd business day after your contract anniversary and checks will be mailed within the next 5 calendar days. If you would like the AIW to be deposited directly into your checking account via Electronic Funds Transfer (EFT) you must enclose a voided check with this request. Withdrawal of earnings is subject to income tax and may be subject to a 10% IRS penalty tax if taken prior to age 59 ½.

1. ☐ Withdraw the maximum amount available for the frequency chosen below.
2. ☐ Withdraw \$_____ (\$100 minimum) from the _____ year Guaranteed Period(s).
Withdrawal Mode: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
3. ☐ Take the AIWs from the _____ year Guaranteed Period(s).
4. ☐ Cancel my existing AIW.

PARTIAL AUTOMATIC / SYSTEMATIC WITHDRAWALS² (PAW / SWIP³) – Variable and Indexed Annuity Contracts ONLY – All PAWs must be taken via Electronic Funds Transfer (EFT). PAWs taken from Variable Annuity Contracts must be taken pro-rata from your investment elections. For SWIPs, and withdrawals taken from Index Annuity Contracts, you may choose either pro-rata withdrawals or specify how withdrawals are to be allocated between accounts by completing part three of this section below. Minimum contract values may be required before initiating a Partial Automatic Withdrawal. Please refer to your contract or prospectus, if applicable, for additional information. Please enclose a voided check with this request if your withdrawals will be made via EFT. Withdrawal of earnings is subject to income tax and may be subject to a 10% IRS penalty if taken prior to age 59 ½. Withdrawals in excess of the surrender charge-free amount may be subject to surrender charges.

1. ☐ Begin new PAW/SWIP ☐ Change existing PAW/SWIP ☐ Cancel existing PAW/SWIP
2. ☐ Withdraw \$_____ (\$100 minimum) from my contract beginning _____ (1st – 28th).
 Withdrawal Mode: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
3. For Index Annuity Contracts, and Variable Annuity Contracts that begin with either VA or NV, please make payout selection below:
 - ☐ Please pro-rate my withdrawals across my current investment allocations.
 - ☐ Please take my withdrawals from the funds indicated below:

\$% _____ from _____

\$% _____ from _____

\$% _____ from _____

\$% _____ from _____

PAYMENT INSTRUCTIONS

- ☐ Yes Please withdraw \$15.00 from my account and express mail the check to the address indicated below. I understand that this constitutes a distribution from my account and the company will withhold the appropriate amount for federal income taxes (if withholding is elected.) *Express fees may change based on mailing address but currently will not exceed \$15.00.* Please note: express mail will not be delivered to a PO Box.

- Select one: ☐ Payment to Owner or both Joint Owners
 ☐ Payment to third party or only one Joint Owner

Name: _____

SSN or Tax ID of Third Party Payee Named above: _____

Address of Third Party Payee: _____

****You must include the appropriate W-9 or W-8 for the Third Party Payee.***

- Select one: ☐ Use address of record for owner
 ☐ Use address of Third Party Payee
 ☐ Use alternate address _____

- ☐ I want my funds sent electronically to my bank (EFT):

PLEASE ATTACH A VOIDED CHECK

Routing Number: _____ Bank Account Number: _____

****Foreign Individuals or Entities must provide the correct W-8; all others provide W-9.***

IMPORTANT FOR WITHDRAWAL OR SURRENDER REQUESTS FROM A CONTRACT INVOLVED IN A TAX-FREE PARTIAL EXCHANGE UNDER INTERNAL REVENUE SECTION 1035.

Please consult your tax advisor about whether a withdrawal from, or surrender of, a contract involved in partial exchange could cause the exchange to be treated as a taxable distribution or have other adverse federal income tax consequences.

For Contracts Involved in a Partial Exchange on or after October 24, 2011

Based on our understanding of IRS guidance in Rev. Proc. 2011-38, if a contract is involved in a tax-free partial exchange under Internal Revenue Code section 1035 that is completed prior to October 24, 2011, and an amount is withdrawn from or received in surrender of either contract involved within 180 days of the exchange, the IRS will apply general tax principles to determine the substance, and hence the treatment of the partial exchange and the subsequent withdrawal or surrender. Such a withdrawal or surrender could affect how the partial exchange and the withdrawal or surrender is reported to you and the IRS.

SIGNATURES:

By signing below I authorize the Company to act on the instructions indicated above. ***In order for us to process your request, you must also complete the "Notice of Federal Tax Withholding on Non-Periodic Distribution" form (LAD-1133.)**

- ☐ **Lost Contract Statement:** I certify that this contract has been lost or destroyed. If it is found later, I agree to surrender it to the Company without claim.

Owner's Signature

Date

Joint Owner's Signature

Date

**Witnessed by Notary Public Signature

Date

Title

****Notary Signature Required – ONLY when requesting funds be sent to a different address or different bank account than on file.**

¹ Not authorized in New York

² For Indexed annuities only, withdrawals from any indexed account will receive no indexed interest for the contract year in which they occur.

³ Only available for contracts beginning with NV or VA.

Life and Annuity DivisionProtective Life Insurance Company¹West Coast Life Insurance Company¹**Federal Tax Withholding on Non-Periodic
Annuity Payments
Not an "Eligible Rollover Distribution"**Protective Life and Annuity Insurance Company
Post Office Box 1928 / Birmingham, AL 35201-1928
Toll Free: 800-456-6330 / Fax: 205-268-6479

Owner's Name: _____

☐ NON-TAX QUALIFIED PLAN

Contract Number: _____

☐ TAX QUALIFIED PLAN☐ IRA / SEP ☐ TSA ☐ OTHER

The taxable portion of the distribution due to occur on the above contract is subject to federal income tax withholding at a rate of 10%, unless you elect not to have any withholding apply.

You may elect not to have withholding apply to your payment by checking the appropriate box, signing and dating this form, and returning it to us at the Home Office prior to the date the distribution is made to you. For systematic withdrawals, this withholding election will remain in effect until changed or revoked and will apply to any subsequent withdrawals you make as systematic distributions from this policy until you file a new withholding election form with us. For non-periodic withdrawals, this withholding election will not apply to any subsequent withdrawals you make from your policy and you will need to make a new election each time. Please note that you must provide us your correct Social Security or Tax Identification Number in order for you to elect out of withholding.

If you do not respond by the date your distribution is scheduled to be made, 10% federal income tax and state income tax, where applicable, will be withheld from the taxable portion of the distribution and on all subsequent non-periodic distributions made to you from this policy as systematic distributions until a new election is filed with us.

If you elect not to have withholding apply to your distribution or if you do not have enough federal income tax withheld, 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 from your withdrawals, you are liable for payment of federal income tax on the taxable portion of each payment to you. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. **Please check one federal and one state withholding box below:**

Federal Withholding: ☐ *Do Not Withhold ☐ Withhold 10% ☐ _____ Specify % or \$ (must be at least 10% of taxable portion distributed)

***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. State withholding may also be required.**

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	
<p>Check appropriate box for federal tax classification; check only one of the following seven boxes:</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____</p> <p>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.</p> <p><input type="checkbox"/> Other ► _____</p>	<p>Exemptions (codes apply only to certain entities, not individuals):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)</p>
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)
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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
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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