



Protective Life Insurance Company


Annuity New Business Phone: (800) 456-6330 / Fax: (205) 268-3151
 Annuity New Business Email: AnnuityNewBusiness@protective.com

VARIABLE ANNUITY – APPLICATION GUIDE

For Registered Financial Professional Use Only - this form does not need to be submitted with the application

	BEFORE SUBMITTING AN APPLICATION, PLEASE CONFIRM THAT ALL APPLICABLE TRAINING IS COMPLETE AND UP TO DATE - INCLUDING ANY PRODUCT TRAINING.					
	Please submit applications to:	<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center; border: none;"><u>Regular Mail</u></th> <th style="text-align: center; border: none;"><u>Overnight Mail</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center; border: none;">IPD-Annuity 3-1 Protective Life Insurance Company P.O. Box 10648 Birmingham, AL 35202-0648</td> <td style="text-align: center; border: none;">IPD-Annuity 3-1 Protective Life Insurance Company 2801 Highway 280 South Birmingham, AL 35223</td> </tr> </tbody> </table>	<u>Regular Mail</u>	<u>Overnight Mail</u>	IPD-Annuity 3-1 Protective Life Insurance Company P.O. Box 10648 Birmingham, AL 35202-0648	IPD-Annuity 3-1 Protective Life Insurance Company 2801 Highway 280 South Birmingham, AL 35223
<u>Regular Mail</u>	<u>Overnight Mail</u>					
IPD-Annuity 3-1 Protective Life Insurance Company P.O. Box 10648 Birmingham, AL 35202-0648	IPD-Annuity 3-1 Protective Life Insurance Company 2801 Highway 280 South Birmingham, AL 35223					
Owner Information – Additional documentation may be requested for verification						
<input type="checkbox"/> For Trust Owners, a copy of the Trustee Certification or Trust Document is required						
<input type="checkbox"/> For other Non-Natural Entities, a Corporate Resolution is required						
<input type="checkbox"/> If there is a Power of Attorney, POA documentation is required						
Beneficiary Information						
<input type="checkbox"/> If there are more Beneficiaries than the application allows, please complete the Beneficiary Continuation form and attach to the application						
Premium/Contract Information						
<input type="checkbox"/> Select the appropriate Plan Type applicable to the product						
<input type="checkbox"/> Include the premium amount, as well as any applicable transfer and tax information						
<input type="checkbox"/> Include any applicable transfer paperwork, even if the funds have already been requested						
Optional Benefits and Features - Please note the product features & select the desired options						
<input type="checkbox"/> Protected Lifetime Income Benefit Rider (Income Rider) <ul style="list-style-type: none"> • Portfolio Rebalancing is required • Allocation options may be restricted – <i>please refer to Product Prospectus</i> • Please ensure the Owner/Annuitant is eligible based on age at time of application 						
<input type="checkbox"/> Dollar Cost Averaging (DCA) <ul style="list-style-type: none"> • If elected, the first DCA transfer will occur on the chosen day of the month following a 30-day holding period from the issue date • DCA allocations will be the same as the Purchase Payment Allocations 						
<input type="checkbox"/> Portfolio Rebalancing (PR) – <i>required if an Income Rider is elected</i> <ul style="list-style-type: none"> • PR allocations will be the same as the Purchase Payment Allocations 						
<input type="checkbox"/> Fund Transfer Authorization <ul style="list-style-type: none"> • Please select this option to request fund transfers online or over the phone • If elected for the Registered Financial Professional, online or phone transfers may be limited based on plan type - <i>please refer to your back office for more information</i> 						
Investment Options – Must total 100%						
<input type="checkbox"/> If selecting multiple funds, allocations must be in whole percentages						
<input type="checkbox"/> If an Income Rider is purchased, allocation options may be restricted						
Replacement Questions						
<input type="checkbox"/> Must be completed by both the customer and the Registered Financial Professional; please review answers in both sections of the application (“Replacement Questions” and “Registered Financial Professional Information”)						

FOR FINANCIAL PROFESSIONAL / BROKER DEALER INFORMATION ONLY - NOT FOR USE WITH CONSUMERS.

Customer Signatures – All Owners must sign	
<input type="checkbox"/> For POA and Entity Owners: the authorized party should sign their name and include their title	
<input type="checkbox"/> Annuitant signature is required if the Annuitant is not an Owner, <i>including Custodial Accounts</i>	
<input type="checkbox"/> Ensure the City, State, and Date fields are completed in the Applicant Signature section	
Registered Financial Professional Information	
<input type="checkbox"/> To be completed by a Registered Financial Professional	
<input type="checkbox"/> Please include the information used to verify the applicant’s identity, such as an unexpired driver’s license, passport	
<input type="checkbox"/> For all Registered Financial Professionals representing the Customer, please include printed name, Firm Name, Firm’s phone number, Florida License # (if applicable)	
<input type="checkbox"/> If there is more than one Registered Financial Professional <ul style="list-style-type: none"> • Commission % must equal 100% • Registered Financial Professional 1 will be granted online access to the annuity 	
Suitability Form - Not required for FINRA firms that have a certified program for Protective to accept the firm’s Registered Principal approval	
<input type="checkbox"/> Required for all annuity business submitted through an IMO/BGA	
Replacement Forms	
<input type="checkbox"/> Please complete all applicable Replacement Forms, including any state specific forms that may be required <i>based on where the application is signed</i>	
<input type="checkbox"/> Ensure that all transfer forms are signed and dated on or before the application sign date	
Transfer / Rollover / Exchange Forms	
<i>If the funds have previously been requested from the ceding carrier, please submit a copy of the request and make a note in the “Remarks” section of the application.</i>	
<input type="checkbox"/> Please complete form LAD-1120 for each transfer	
Customer Disclosures – Please provide to the Owner(s) at time of application	
<input type="checkbox"/> Annuity Buyer’s Guide	
<input type="checkbox"/> Most recent Product Prospectus	
Additional Forms (Optional)	
Certain benefits and features of this annuity may require additional paperwork	
	Check the status of this application and manage your book of business online: Finpro.protective.com

*We’re ready to help you deliver the protection and security your clients deserve.
Thank you for your business.*

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- Semi-Annual Reports
- Annual Reports

For questions or assistance, please contact
Customer Service at **1-800-456-6330**.

Protective Life refers to Protective Life Insurance Company (PLICO) and its affiliates, including Protective Life & Annuity Insurance Company (PLAICO). Life insurance and annuities are issued by PLICO in all states except New York and, in New York, by PLAICO. Securities issued by Investment Distributors, Inc. (IDI), principal underwriter for registered products issued by PLICO and PLAICO, its affiliates. All companies located in Birmingham, AL. Product availability and features may vary by state. Each company is solely responsible for the financial obligations accruing under the products it issues. Product guarantees are backed by the financial strength and claims-paying ability of the issuing company.

INDIVIDUAL VARIABLE ANNUITY APPLICATION

PROTECTIVE LIFE INSURANCE COMPANY

CONTRACT # _____

Send Applications to:
Overnight: 2801 Highway 280 South, Birmingham, Alabama 35223
U.S. Mail: P. O. Box 10648, Birmingham, Alabama 35202-0648
(800) 456-6330

Select Product: Protective Aspirations Variable Annuity

Owner 1 (If mailing address is a P.O. Box, please provide a physical address in the 'Remarks' area.)

Name: _____

Male Female

Address: _____

Birthdate: _____

City: _____ State: _____ Zip: _____

SSN/Tax ID: _____

Email Address: _____

Phone: _____

Owner 2 (If applicable.)

Name: _____

Male Female

Address: _____

Birthdate: _____

City: _____ State: _____ Zip: _____

SSN/Tax ID: _____

Email Address: _____

Phone: _____

Annuitant Same as Owner 1 Same as Owner 2

(If not Owner 1 or 2, complete this section.)

Name: _____

Male Female

Address: _____

Birthdate: _____

City: _____ State: _____ Zip: _____

SSN/Tax ID: _____

Email Address: _____

Phone: _____

Beneficiary, if there is no surviving Owner

Use Administrative Form LAD-1225 to name or change a beneficiary any time before the death of an owner.

Initial Purchase Payment: \$ _____

(minimum: \$5,000)

Funding Source: Cash Non-Qualified 1035 Exchange CD/Non-Insurance Exchange

Direct Transfer Direct Rollover Indirect Rollover

Plan Type: Non-Qualified IRA Roth IRA Other: _____

Complete if an IRA and includes new contributions: \$ _____ (Amount) _____ (Tax Year)

\$ _____ (Amount) _____ (Tax Year)

Replacement:

Do you currently have an annuity contract or life insurance policy? Yes No

Will this annuity change or replace an existing annuity contract or life insurance policy? Yes No

(If yes, please provide the company name and contract or policy number below.)

Company 1 _____ Contract or Policy # _____

Company 2 _____ Contract or Policy # _____

Company 3 _____ Contract or Policy # _____

An annuity contract is not a deposit or obligation of, nor guaranteed by any bank or financial institution. It is not insured by the Federal Deposit Insurance Corporation or any other government agency, and is subject to investment risk, including the possible loss of principal.

CONTRACT BENEFITS ARE VARIABLE, MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

CONTRACT # _____

ALLOCATE PURCHASE PAYMENTS – Allocation instructions remain in effect until you change them. *Use whole percentages.* ‘Purchase Payment’ and ‘DCA Allocation’ percentage totals must equal 100%, each. If using a Pre-Selected Allocation Option, allocate to the Guaranteed Account and one Pre-Selected Allocation Option, *only*.

If you are purchasing **SecurePay Protector** your contract allocation is restricted as follows:

Before the Benefit Election Date, your entire contract allocation must be *either*:

- 100% to the Protective Life Dynamic Allocation Series – Conservative
- 100% to the Protective Life Dynamic Allocation Series – Moderate
- 100% to one of the seven permissible “**Protective Life Pre-Selected Allocation Options**”
 - Growth Focus
 - Moderate Growth
 - Balanced toward Growth
 - Balanced Growth & Income
 - Balanced toward Income
 - Moderate Income
 - Income Focus
- 100% to one of the seven permissible “**American Funds Insurance Series® Pre-Selected Allocation Options**”
 - American Funds® IS – Conservative Allocation
 - American Funds® IS – Balanced Growth & Income Allocation
 - American Funds® IS – Global Balanced Growth & Income Allocation
 - American Funds® IS – Global Growth & Income Allocation
 - American Funds® IS – Growth & Income Allocation
 - American Funds® IS – Global Growth Allocation
 - American Funds® IS – Growth Allocation
- Create a portfolio, using:
 - *not less than* 10% allocation among Category 1 (Conservative) Sub-Accounts
 - *not more than* 60% allocation among Category 2 (Moderate) Sub-Accounts
 - *not more than* 40% allocation among Category 3 (Aggressive) Sub-Accounts
 - Category 4 Sub-Accounts *may not be used* in this portfolio

On and after the Benefit Election Date, your entire contract allocation must be *either*:

- 100% to the Protective Life Dynamic Allocation Series – Conservative
- 100% to one of the five permissible “**Protective Life Pre-Selected Allocation Options**”
 - Balanced toward Growth
 - Balanced Growth & Income
 - Balanced toward Income
 - Moderate Income
 - Income Focus
- 100% to one of the three permissible “**American Funds Insurance Series® Pre-Selected Allocation Options**”
 - American Funds® IS – Conservative Allocation
 - American Funds® IS – Balanced Growth & Income Allocation
 - American Funds® IS – Global Balanced Growth & Income Allocation

Dollar Cost Averaging from a DCA Account into one of these allocations is permitted.

If you are purchasing **SecurePay Investor**, your entire contract allocation may be to any:

- Pre-Selected Allocation Option, or
- among any Sub-Accounts of PLICO Variable Annuity Account A

Protective Life Guaranteed Account

- ____ % Guaranteed Account – **not available if you purchase a SecurePay benefit**
- ____ % DCA Account 1 – Make DCA transfers on the ____ day (1st – 28th) of the month for ____ months (3 – 6 months).
- ____ % DCA Account 2 – Make DCA transfers on the ____ day (1st – 28th) of the month for ____ months (7 – 12 months).

CONTRACT # _____

Protective Life Pre-Selected Allocation Options

<u>Purchase Payment</u>	<u>DCA Allocation</u>		
_____ %	_____ %	Growth Focus	
		AB VPS Large Cap Growth B	10%
		American Funds® IS - Global Growth Fund (4)	15%
		American Funds® IS - Growth Fund (4)	05%
		Fidelity® VIP Balanced Portfolio Service 2	10%
		Franklin Income VIP 2	05%
		Franklin Rising Dividends VIP 2	10%
		Franklin Small Cap Value VIP 2	05%
		Invesco V.I. Main Street Small Cap Fund – Series II	05%
		Janus Henderson VIT Balanced Svc	05%
		Janus Henderson VIT Forty Svc	05%
		Janus Henderson VIT Glb Tech&Innvt Svc	05%
		Janus Henderson VIT Overseas Svc	05%
		Lord Abbett Series Fund Bond-Debenture Portfolio	10%
		T. Rowe Price Blue Chip Growth Port II	05%

<u>Purchase Payment</u>	<u>DCA Allocation</u>		
_____ %	_____ %	Moderate Growth	
		AB VPS Large Cap Growth B	05%
		American Funds® IS - Global Growth Fund (4)	05%
		American Funds® IS - Growth Fund (4)	05%
		BlackRock Global Allocation V.I. III	05%
		Columbia VP Strategic Income 2	05%
		Fidelity® VIP Balanced Portfolio Service 2	05%
		Fidelity® VIP Investment Grade Bond Portfolio Service 2	05%
		Franklin Income VIP 2	05%
		Franklin Rising Dividends VIP 2	10%
		Franklin Small Cap Value VIP 2	05%
		Invesco V.I. Main Street Small Cap Fund – Series II	05%
		Janus Henderson VIT Balanced Svc	05%
		Janus Henderson VIT Forty Svc	05%
		Janus Henderson VIT Glb Tech&Innvt Svc	05%
		Janus Henderson VIT Overseas Svc	05%
		Lord Abbett Series Fund Bond-Debenture Portfolio	10%
		T. Rowe Price Blue Chip Growth Port II	05%
		T. Rowe Price Health Sciences Port II	05%

<u>Purchase Payment</u>	<u>DCA Allocation</u>		
_____ %	_____ %	Balanced toward Growth	
		AB VPS Large Cap Growth B	05%
		American Funds® IS - Global Growth Fund (4)	10%
		American Funds® IS - Growth Fund (4)	05%
		BlackRock Global Allocation V.I. III	05%
		Columbia VP Strategic Income 2	05%
		Fidelity® VIP Balanced Portfolio Service 2	05%
		Fidelity® VIP Investment Grade Bond Portfolio Service 2	05%
		Franklin Income VIP 2	05%
		Franklin Rising Dividends VIP 2	10%
		Janus Henderson VIT Balanced Svc	15%
		Janus Henderson VIT Forty Svc	05%
		Janus Henderson VIT Glb Tech&Innvt Svc	05%
		Lord Abbett Series Fund Bond-Debenture Portfolio	10%
		PIMCO VIT Short-Term Adv	05%
		T. Rowe Price Health Sciences Port II	05%

CONTRACT # _____

Protective Life Pre-Selected Allocation Options (continued)

<u>Purchase Payment</u>	<u>DCA Allocation</u>		
_____ %	_____ %		
		Balanced Growth & Income	
		AB VPS Large Cap Growth B	05%
		American Funds® IS - Global Growth Fund (4)	10%
		American Funds® IS - Growth Fund (4)	05%
		BlackRock Global Allocation V.I. III	05%
		Columbia VP Strategic Income 2	10%
		Fidelity® VIP Balanced Portfolio Service 2	05%
		Fidelity® VIP Investment Grade Bond Portfolio Service 2	10%
		Franklin Income VIP 2	05%
		Franklin Rising Dividends VIP 2	10%
		Janus Henderson VIT Balanced Svc	15%
		Lord Abbett Series Fund Bond-Debenture Portfolio	10%
		PIMCO VIT Short-Term Adv	05%
		T. Rowe Price Health Sciences Port II	05%

<u>Purchase Payment</u>	<u>DCA Allocation</u>		
_____ %	_____ %		
		Balanced toward Income	
		AB VPS Large Cap Growth B	05%
		American Funds® IS - Global Growth Fund (4)	05%
		American Funds® IS - Growth Fund (4)	05%
		American Funds® IS The Bond Fund of America Fund (4)	05%
		BlackRock Global Allocation V.I. III	05%
		Columbia VP Strategic Income 2	15%
		Fidelity® VIP Balanced Portfolio Service 2	05%
		Fidelity® VIP Investment Grade Bond Portfolio Service 2	10%
		Franklin Income VIP 2	05%
		Franklin Rising Dividends VIP 2	10%
		Janus Henderson VIT Balanced Svc	05%
		Lord Abbett Series Fund Bond-Debenture Portfolio	10%
		PIMCO VIT Short-Term Adv	10%
		T. Rowe Price Health Sciences Port II	05%

<u>Purchase Payment</u>	<u>DCA Allocation</u>		
_____ %	_____ %		
		Moderate Income	
		AB VPS Large Cap Growth B	05%
		American Funds® IS - Global Growth Fund (4)	05%
		American Funds® IS - The Bond Fund of America Fund (4)	05%
		BlackRock Global Allocation V.I. III	05%
		Columbia VP Strategic Income 2	20%
		Fidelity® VIP Balanced Portfolio Service 2	05%
		Fidelity® VIP Investment Grade Bond Portfolio Service 2	10%
		Franklin Income VIP 2	05%
		Franklin Rising Dividends VIP 2	10%
		Lord Abbett Series Fund Bond-Debenture Portfolio	15%
		PIMCO VIT Short-Term Adv	10%
		PIMCO VIT Total Return Adv	05%

<u>Purchase Payment</u>	<u>DCA Allocation</u>		
_____ %	_____ %		
		Income Focus	
		AB VPS Large Cap Growth B	05%
		American Funds® IS - The Bond Fund of America Fund (4)	05%
		Columbia VP Strategic Income 2	20%
		Fidelity® VIP Investment Grade Bond Portfolio Service 2	10%
		Franklin Income VIP 2	10%
		Franklin Rising Dividends VIP 2	10%
		Lord Abbett Series Fund Bond-Debenture Portfolio	15%
		PIMCO VIT Short-Term Adv	15%
		PIMCO VIT Total Return Adv	10%

CONTRACT # _____

American Funds Insurance Series® Pre-Selected Allocation Options

Purchase Payment	DCA Allocation		
____ %	____ %	Equity Focus Allocation <i>(not available if you purchase SecurePay)</i>	
		American Funds® IS - Asset Allocation Fund (4)	20%
		American Funds® IS - Capital World Growth & Income Fund (4)	20%
		American Funds® IS - Global Growth Fund (4)	20%
		American Funds® IS - Growth Fund (4)	15%
		American Funds® IS - Growth-Income Fund (4)	25%
Purchase Payment	DCA Allocation		
____ %	____ %	Global Growth Allocation	
		American Funds® IS - Capital World Growth & Income Fund (4)	15%
		American Funds® IS - Global Growth Fund (4)	25%
		American Funds® IS - Growth-Income Fund (4)	20%
		American Funds® IS - International Fund (4)	20%
		American Funds® IS - The Bond Fund of America Fund (4)	20%
Purchase Payment	DCA Allocation		
____ %	____ %	Growth Allocation	
		American Funds® IS - Global Growth Fund (4)	20%
		American Funds® IS - Growth Fund (4)	25%
		American Funds® IS - Growth-Income Fund (4)	25%
		American Funds® IS - The Bond Fund of America Fund (4)	20%
		American Funds® IS - Washington Mutual Investors Fund (4)	10%
Purchase Payment	DCA Allocation		
____ %	____ %	Global Growth & Income Allocation	
		American Funds® IS - Asset Allocation Fund (4)	25%
		American Funds® IS - Capital World Growth & Income Fund (4)	25%
		American Funds® IS - Global Growth Fund (4)	15%
		American Funds® IS - International Fund (4)	10%
		American Funds® IS - The Bond Fund of America Fund (4)	25%
Purchase Payment	DCA Allocation		
____ %	____ %	Growth & Income Allocation	
		American Funds® IS - Asset Allocation Fund (4)	25%
		American Funds® IS - Growth Fund (4)	25%
		American Funds® IS - Growth-Income Fund (4)	15%
		American Funds® IS - The Bond Fund of America Fund (4)	25%
		American Funds® IS - Washington Mutual Investors Fund (4)	10%
Purchase Payment	DCA Allocation		
____ %	____ %	Global Balanced Growth & Income Allocation	
		American Funds® IS - Asset Allocation Fund (4)	25%
		American Funds® IS - Capital World Growth & Income Fund (4)	20%
		American Funds® IS - Global Growth Fund (4)	15%
		American Funds® IS - The Bond Fund of America Fund (4)	25%
		American Funds® IS - US Government Securities Fund (4)	15%
Purchase Payment	DCA Allocation		
____ %	____ %	Balanced Growth & Income Allocation	
		American Funds® IS - Asset Allocation Fund (4)	25%
		American Funds® IS - Growth Fund (4)	25%
		American Funds® IS - Growth-Income Fund (4)	15%
		American Funds® IS - The Bond Fund of America Fund (4)	25%
		American Funds® IS - Washington Mutual Investors Fund (4)	10%

CONTRACT # _____

American Funds Insurance Series® Pre-Selected Allocation Options (continued)

<u>Purchase Payment</u>	<u>DCA Allocation</u>		
_____ %	_____ %	Conservative Allocation	
		American Funds® IS - Asset Allocation Fund (4)	10%
		American Funds® IS - Global Growth Fund (4)	15%
		American Funds® IS - Growth-Income Fund (4)	20%
		American Funds® IS - The Bond Fund of America Fund (4)	40%
		American Funds® IS - US Government Securities Fund (4)	15%

Sub-Accounts of PLICO Variable Annuity Account A

Category 1 – Conservative

<u>Purchase Payment</u>	<u>DCA Allocation</u>	<u>Investment Options</u>
_____ %	_____ %	American Funds® IS - The Bond Fund of America Fund (4)
_____ %	_____ %	American Funds® IS - US Government Securities Fund (4)
_____ %	_____ %	Columbia VP Intermediate Bond 2
_____ %	_____ %	Columbia VP Limited Duration Credit 2
_____ %	_____ %	Fidelity® VIP Bond Index Portfolio Service 2
_____ %	_____ %	Fidelity® VIP FundsManager® 20% Portfolio Service 2
_____ %	_____ %	Fidelity® VIP Investment Grade Bond Portfolio Service 2
_____ %	_____ %	Goldman Sachs VIT Core Fixed Income Svc
_____ %	_____ %	Invesco V.I. Government Securities Fund – Series II
_____ %	_____ %	Invesco V.I. U.S. Government Money Portfolio – Series I
_____ %	_____ %	Lord Abbett Series Fund Short Duration Income Portfolio
_____ %	_____ %	PIMCO VIT Low Duration Adv
_____ %	_____ %	PIMCO VIT Real Return Adv
_____ %	_____ %	PIMCO VIT Short-Term Adv
_____ %	_____ %	PIMCO VIT Total Return Adv
_____ %	_____ %	Western Asset Core Plus VIT II

Category 2 – Moderate

<u>Purchase Payment</u>	<u>DCA Allocation</u>	<u>Investment Option</u>
_____ %	_____ %	American Funds® IS - Asset Allocation Fund (4)
_____ %	_____ %	BlackRock 60/40 Trgt Allc ETF V.I. III
_____ %	_____ %	BlackRock Global Allocation V.I. III
_____ %	_____ %	Columbia VP Balanced 2
_____ %	_____ %	Columbia VP Strategic Income 2
_____ %	_____ %	Fidelity® VIP Asset Manager Growth Portfolio Service 2
_____ %	_____ %	Fidelity® VIP Asset Manager Portfolio Service 2
_____ %	_____ %	Fidelity® VIP Balanced Portfolio Service 2
_____ %	_____ %	Fidelity® VIP High Income Portfolio Service 2
_____ %	_____ %	Fidelity® VIP Strategic Income Portfolio Service 2
_____ %	_____ %	Fidelity® VIP Target Volatility Portfolio Service 2
_____ %	_____ %	Franklin Income VIP 2
_____ %	_____ %	Goldman Sachs VIT Trd Driv Alloc Svc
_____ %	_____ %	Invesco V.I. Balanced-Risk Fund – Series II
_____ %	_____ %	Janus Henderson VIT Balanced Svc
_____ %	_____ %	Lord Abbett Series Fund Bond-Debenture Portfolio
_____ %	_____ %	Morgan Stanley VIF Global Strategist II
_____ %	_____ %	PIMCO Income Advisor
_____ %	_____ %	PIMCO VIT All Asset Adv
_____ %	_____ %	PIMCO VIT Global Diversified Alloc Adv
_____ %	_____ %	PIMCO VIT High Yield Adv
_____ %	_____ %	PIMCO VIT Long-Term US Govt Adv
_____ %	_____ %	**Protective Life Dynamic Allc Ser Cnsrv
_____ %	_____ %	**Protective Life Dynamic Allc Ser Mod
_____ %	_____ %	T. Rowe Price Moderate Allocation I
_____ %	_____ %	Templeton Global Bond VIP 2

CONTRACT # _____

Sub-Accounts of PLICO Variable Annuity Account A (continued)

Category 3 – Aggressive

<u>Purchase Payment</u>	<u>DCA Allocation</u>	<u>Investment Option</u>
___ %	___ %	AB VPS Large Cap Growth B
___ %	___ %	AB VPS Relative Value B
___ %	___ %	American Funds® IS - Capital World Growth & Income Fund (4)
___ %	___ %	American Funds® IS - Global Growth Fund (4)
___ %	___ %	American Funds® IS - Growth Fund (4)
___ %	___ %	American Funds® IS - Growth-Income Fund (4)
___ %	___ %	American Funds® IS - International Growth and Income Fund (4)
___ %	___ %	American Funds® IS - Washington Mutual Investors Fund (4)
___ %	___ %	BlackRock Advantage SMID Cap V.I. Fd III
___ %	___ %	BlackRock International V.I. I
___ %	___ %	ClearBridge Variable Dividend Strat II
___ %	___ %	ClearBridge Variable Large Cap Growth II
___ %	___ %	Fidelity® VIP FundsManager® 85% Portfolio Service 2
___ %	___ %	Fidelity® VIP Growth & Income Portfolio Service 2
___ %	___ %	Fidelity® VIP Growth Portfolio Service 2
___ %	___ %	Fidelity® VIP Health Care Portfolio Service 2
___ %	___ %	Fidelity® VIP Index 500 Portfolio Service 2
___ %	___ %	Fidelity® VIP Mid Cap Portfolio Service 2
___ %	___ %	Franklin Rising Dividends VIP 2
___ %	___ %	Goldman Sachs VIT Mid Cap Growth Svc
___ %	___ %	Goldman Sachs VIT Mid Cap Value Svc
___ %	___ %	Goldman Sachs VIT Strategic Growth Svc
___ %	___ %	Invesco V.I. Comstock Fund – Series II
___ %	___ %	Invesco V.I. Equity and Income Fund – Series II
___ %	___ %	Invesco V.I. Growth and Income Fund – Series II
___ %	___ %	Invesco V.I. Main Street Mid Cap Fund – Series II
___ %	___ %	Janus Henderson VIT Enterprise Svc
___ %	___ %	Janus Henderson VIT Forty Svc
___ %	___ %	Lord Abbett Series Fund Dividend Growth Portfolio
___ %	___ %	Lord Abbett Series Fund Fundamental Equity Portfolio
___ %	___ %	MFS® VIT Growth Svc
___ %	___ %	MFS® VIT Total Return Svc
___ %	___ %	MFS® VIT II Core Equity Svc
___ %	___ %	MFS® VIT II International Growth Svc
___ %	___ %	MFS® VIT II International Intrs Val Svc
___ %	___ %	MFS® VIT II MA Investors Growth Stk Svc
___ %	___ %	**Protective Life Dynamic Allc Ser Gr
___ %	___ %	T. Rowe Price Blue Chip Growth Port II
___ %	___ %	T. Rowe Price Mid-Cap Growth Port II

Category 4 – Not available if you purchase SecurePay Protector

<u>Purchase Payment</u>	<u>DCA Allocation</u>	<u>Investment Option</u>
___ %	___ %	AB VPS Discovery Value B
___ %	___ %	AB VPS Small Cap Growth B
___ %	___ %	American Funds® IS - Global Small Cap Fund (4)
___ %	___ %	American Funds® IS - International Fund (4)
___ %	___ %	American Funds® IS - New World Fund (4)
___ %	___ %	ClearBridge Variable Mid Cap II
___ %	___ %	ClearBridge Variable Small Cap Growth II
___ %	___ %	Columbia VP Select Mid Cap Value 2
___ %	___ %	Columbia VP Seligman Global Tech 2
___ %	___ %	Fidelity® VIP Disciplined Small Cap Portfolio Service 2
___ %	___ %	Fidelity® VIP Emerging Markets Portfolio Service 2
___ %	___ %	Fidelity® VIP Energy Portfolio Service 2
___ %	___ %	Fidelity® VIP FundsManager® 70% Portfolio Service 2
___ %	___ %	Fidelity® VIP International Capital Appreciation Portfolio Service 2
___ %	___ %	Fidelity® VIP Technology Portfolio Initial
___ %	___ %	Fidelity® VIP Value Strategies Portfolio Service 2

CONTRACT # _____

Sub-Accounts of PLICO Variable Annuity Account A (continued)

Category 4 – Not available if you purchase SecurePay Protector (continued)

<u>Purchase Payment</u>	<u>DCA Allocation</u>	<u>Investment Option</u>
____ %	____ %	Franklin DynaTech VIP 2
____ %	____ %	Franklin Small Cap Value VIP 2
____ %	____ %	Franklin Small Mid Cap Growth VIP 2
____ %	____ %	Goldman Sachs VIT Sm Cp Eq Insghts Svc
____ %	____ %	Invesco V.I. Discovery Mid Cap Growth Fund – Series II
____ %	____ %	Invesco V.I. Global Fund – Series II
____ %	____ %	Invesco V.I. Global Real Estate Fund – Series II
____ %	____ %	Invesco V.I. Main Street Small Cap Fund – Series II
____ %	____ %	Invesco V.I. Small Cap Equity Fund Series II
____ %	____ %	Janus Henderson VIT Glb Tech&Innvt Svc
____ %	____ %	Janus Henderson VIT Global Sust Eq Svc
____ %	____ %	Janus Henderson VIT Overseas Svc
____ %	____ %	Lord Abbett Series Fund Growth Opportunities Portfolio
____ %	____ %	MFS® VIT Mid Cap Growth Svc
____ %	____ %	MFS® VIT New Discovery Svc
____ %	____ %	MFS® VIT Utilities Svc
____ %	____ %	MFS® VIT II Research International Svc
____ %	____ %	MFS® VIT III Blended Rsrch Sm Cp Eq Svc
____ %	____ %	MFS® VIT III Global Real Estate Svc
____ %	____ %	MFS® VIT III Mid Cap Value Svc
____ %	____ %	Morgan Stanley VIF Global Infrs II
____ %	____ %	Morgan Stanley VIF Growth II
____ %	____ %	T. Rowe Price All-Cap Opportunities Port I
____ %	____ %	T. Rowe Price Health Sciences Port II
____ %	____ %	Templeton Developing Markets VIP 2

Individual Options

<u>Purchase Payment</u>	<u>DCA Allocation</u>	<u>Investment Options</u>
____ %	____ %	**Protective Life Dynamic Allocation -Conservative
____ %	____ %	**Protective Life Dynamic Allocation – Moderate
____ %	____ %	**Protective Life Dynamic Allocation – Growth <i>(not available if you purchase SecurePay)</i>

**If purchasing SecurePay Protector, as an alternative to other allocation options you may choose to allocate 100% of your purchase payment to one (and only one) of the two "Individual Options" sub-accounts (with or without the use of dollar cost averaging). If you choose this option, do not also allocate to any other individual sub-accounts or any Pre-selected Allocation Options.*

**Managed by Janus Capital Management, LLC

Transfer Authorization

____ I authorize the Company to honor my telephone and/or digital instructions for transfers among the investment options.

____ I authorize the Company to honor my agent’s instructions for transfers among the investment options.

CONTRACT # _____

OPTIONAL BENEFITS AND FEATURES - Select the options to be included in your contract, and complete any additional required forms.

Optional Management Tools Available Without Charges or Fees

- Automatic Purchase Plan** – Complete form LAD-1128. Not available if Partial Automatic Withdrawals are selected.
- Partial Automatic Withdrawals** – Complete forms LAD-1147 and LAD-1133. Not available if Automatic Purchase Plan is selected.
- Portfolio Rebalancing** – Required, if SecurePay Protector is selected.

Rebalance to my current Variable Account allocation quarterly semi-annually annually on the _____ day (1st – 28th) of the month.

Optional Benefits Offered with a Separate, Additional Charge or Fee

Enhanced Death Benefits – Do not select more than one enhanced death benefit.

- Return of Purchase Payments Death Benefit
- Maximum Anniversary Value Death Benefit - Not available if any Owner or Annuitant is age 78 or older.
- Maximum Quarterly Value Death Benefit - Not available if any Owner or Annuitant is age 78 or older.

Protected Lifetime Income Benefits

- SecurePay Investor - Not available if any Owner or Annuitant is younger than age 55 or older than age 85.
- SecurePay Protector - Not available if any Owner or Annuitant is younger than age 55 or older than age 85.

SUITABILITY

Did you receive an Annuity Buyers Guide and a current prospectus for this annuity? Yes No
 Do you believe the annuity meets your financial needs and objectives? Yes No

APPLICANT SIGNATURES

I understand this application will be part of the annuity contract. I have read the completed application and confirm that the information it contains is true and correct to the best of my knowledge and belief. However, these statements are representations and not warranties. If this application includes two Owners, the company may accept instructions from either Owner on behalf of both Owners.

Variable annuities involve risk, including the possible loss of principal. The Contract Value, annuity payments and termination values, when based upon the investment experience of the separate account, are variable and are not guaranteed as to any fixed dollar amount.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

Application signed at: _____ on _____
(City and State) (Date)

Owner's Signature _____ Joint Owner's Signature (if applicable) _____ Annuitant's Signature (if not an Owner) _____

Federal law requires the following notice: We may request or obtain additional information to establish or verify your identity.

Remarks: _____

For Internal Use Only

PRODUCER REPORT - This section must be completed and signed by the agent for the Contract to be issued.

To the best of your knowledge and belief...

- Does the applicant have any existing annuity contract or life insurance policy? Yes No
- Does this annuity change or replace any existing annuity contract or life insurance policy? Yes No

Type of unexpired government issued photo I.D. used to verify applicant's identity: _____ # _____

I have determined this annuity is suitable based on information I obtained from the applicant after reasonable inquiry into their financial and tax status, investment objectives, and other relevant information.

I certify that I have truly and accurately recorded on this application the information provided to me by the applicant.

Agent Signature: _____ Print Agent Name: _____
 Agent # _____ Brokerage: _____
 Agent's FL License ID# _____ Phone # _____

Select Commission Option: A B C D E

Beneficiary Information Request

Use this form for initial beneficiary designations.

Owner's Name: _____ Annuitant's Name: _____

Contract Number: _____ Owner's SSN/TIN: _____

PLEASE NOTE: If multiple beneficiaries are named, proceeds will be paid equally to all primary beneficiaries surviving the owner (or annuitant if non-material owner) unless instructed otherwise. If all primary beneficiaries have predeceased the owner, proceeds will be paid to the named contingent beneficiaries equally unless instructed otherwise. If there are no surviving beneficiaries, proceeds will be paid to the owner's estate.

BENEFICIARY INFORMATION:

Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ Social Security Number: _____ Address: _____ Date of Birth: _____ Telephone Number: _____ Relationship to Owner: _____ (select one) <input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse Percentage: _____%
Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ Social Security Number: _____ Address: _____ Date of Birth: _____ Telephone Number: _____ Relationship to Owner: _____ (select one) <input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse Percentage: _____%
Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ Social Security Number: _____ Address: _____ Date of Birth: _____ Telephone Number: _____ Relationship to Owner: _____ (select one) <input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse Percentage: _____%
Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ Social Security Number: _____ Address: _____ Date of Birth: _____ Telephone Number: _____ Relationship to Owner: _____ (select one) <input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse Percentage: _____%
Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ Social Security Number: _____ Address: _____ Date of Birth: _____ Telephone Number: _____ Relationship to Owner: _____ (select one) <input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse Percentage: _____%
Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name: _____ Social Security Number: _____ Address: _____ Date of Birth: _____ Telephone Number: _____ Relationship to Owner: _____ (select one) <input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse Percentage: _____%

SPECIAL INSTRUCTIONS:

SIGNATURES:

 Owner's Name (please print) Owner's Signature Date

 Joint Owner's Name (please print) Joint Owner's Signature Date

Prepared by the

NAIC
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

The National Association of Insurance Commissioners is an association of state insurance regulatory officials.

This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

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PROTECTIVE LIFE INSURANCE COMPANY (PLICO)¹
PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY (PLAIC)

¹ Not authorized in New York

NAIC BUYER'S GUIDE FOR DEFERRED ANNUITIES

It's important that you understand how annuities can be different from each other so you can choose the type of annuity that's best for you. The purpose of this Buyer's Guide is to help you do that. This Buyer's Guide isn't meant to offer legal, financial, or tax advice. You may want to consult independent advisors that specialize in these areas.

This Buyer's Guide is about deferred annuities in general and some of their most common features. It's not about any particular annuity product. The annuity you select may have unique features this Guide doesn't describe. It's important for you to carefully read the material you're given or ask your annuity salesperson, especially if you're interested in a particular annuity or specific annuity features.

This Buyer's Guide includes questions you should ask the insurance company or the annuity salesperson (the agent, producer, broker, or advisor). Be sure you're satisfied with the answers before you buy an annuity.

Revised 2013

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TABLE OF CONTENTS

WHAT IS AN ANNUITY? 1

- When Annuities Start to Make Income Payments..... 1
- How Deferred Annuities Are Alike..... 1
- How Deferred Annuities Are Different..... 2

HOW DOES THE VALUE OF A DEFERRED ANNUITY CHANGE? 3

- Fixed Annuities 3
- Fixed Indexed Annuities 3
- Variable Annuities 4

WHAT OTHER INFORMATION SHOULD YOU CONSIDER?..... 4

- Fees, Charges, and Adjustments 4
- How Annuities Make Payments 5
- How Annuities Are Taxed..... 6
- Finding an Annuity That’s Right for You 7
- Questions You Should Ask 7
- When You Receive Your Annuity Contract 8

WHAT IS AN ANNUITY?

An annuity is a contract with an insurance company. All annuities have one feature in common, and it makes annuities different from other financial products. *With an annuity, the insurance company promises to pay you income on a regular basis for a period of time you choose—including the rest of your life.*

When Annuities Start to Make Income Payments

Some annuities begin paying income to you soon after you buy it (an **immediate** annuity). Others begin at some later date you choose (a **deferred** annuity).

How Deferred Annuities Are Alike

There are ways that *most* deferred annuities are alike.

- They have an **accumulation** period and a **payout** period. During the accumulation period, the value of your annuity changes based on the type of annuity. During the payout period, the annuity makes income payments to you.
- They offer a basic death benefit. If you die during the accumulation period, a deferred annuity with a basic death benefit pays some or all of the annuity's value to your survivors (called beneficiaries) either in one payment or multiple payments over time. The amount is usually the greater of the annuity account value or the minimum guaranteed surrender value. If you die after you begin to receive income payments (**annuitize**), your chosen survivors may not receive anything *unless*: 1) your annuity guarantees to pay out at least as much as you paid into the annuity, or 2) you chose a payout option that continues to make payments after your death. For an extra cost, you may be able to choose enhanced death benefits that increase the value of the basic death benefit.
- You usually have to pay a charge (called a **surrender** or **withdrawal charge**) if you take some or all of your money out too early (usually before a set time period ends). Some annuities may not charge if you withdraw small amounts (for example, 10% or less of the account value) each year.
- Any money your annuity earns is **tax deferred**. That means you won't pay income tax on earnings until you take them out of the annuity.
- You can add features (called **riders**) to many annuities, usually at an extra cost.
- An annuity salesperson must be licensed by your state insurance department. A person selling a variable annuity also must be registered with FINRA¹ as a representative of a broker/dealer that's a FINRA member. In some states, the state securities department also must license a person selling a variable annuity.

¹ FINRA (Financial Industry Regulatory Authority) regulates the companies and salespeople who sell variable annuities.

Sources of Information

Contract: The legal document between you and the insurance company that binds both of you to the terms of the agreement.

Disclosure: A document that describes the key features of your annuity, including what is guaranteed and what isn't, and your annuity's fees and charges. If you buy a variable annuity, you'll receive a prospectus that includes detailed information about investment objectives, risks, charges, and expenses.

Illustration: A personalized document that shows how your annuity features might work. Ask what is guaranteed and what isn't and what assumptions were made to create the illustration.

- Insurance companies sell annuities. You want to buy from an insurance company that's financially sound. There are various ways you can research an insurance company's financial strength. You can visit the insurance company's website or ask your annuity salesperson for more information. You also can review an insurance company's rating from an independent rating agency. Four main firms currently rate insurance companies. They are A.M. Best Company, Standard and Poor's Corporation, Moody's Investors Service, and Fitch Ratings. Your insurance department may have more information about insurance companies. An easy way to find contact information for your insurance department is to visit www.naic.org and click on "**States and Jurisdictions Map.**"
- Insurance companies usually pay the annuity salesperson after the sale, but the payment doesn't reduce the amount you pay into the annuity. You can ask your salesperson how they earn money from the sale.

How Deferred Annuities Are Different

There are differences among deferred annuities. Some of the differences are:

- Whether you pay for the annuity with one or more than one payment (called a **premium**).
- The types and amounts of the **fees, charges, and adjustments**. While almost all annuities have *some* fees and charges that could reduce your account value, the types and amounts can be different among annuities. *Read the Fees, Charges, and Adjustments section in this Buyer's Guide for more information.*
- Whether the annuity is a **fixed** annuity or a **variable** annuity. How the value of an annuity changes is different depending on whether the annuity is fixed or variable.

Fixed annuities guarantee your money will earn at least a minimum interest rate. Fixed annuities may earn interest at a rate higher than the minimum but only the minimum rate is guaranteed. The insurance company sets the rates.

Fixed indexed annuities are a type of fixed annuity that earns interest based on changes in a market index, which measures how the market or part of the market performs. The interest rate is guaranteed to never be less than zero, even if the market goes down.

Variable annuities earn investment returns based on the performance of the investment portfolios, known as "subaccounts," where you choose to put your money. The return earned in a variable annuity isn't guaranteed. The value of the subaccounts you choose could go up or down. If they go up, you could make money. But, if the value of these subaccounts goes down, you could lose money. Also, income payments to you could be less than you expected.
- Some annuities offer a **premium bonus**, which usually is a lump sum amount the insurance company adds to

your annuity when you buy it or when you add money. It's usually a set percentage of the amount you put into the annuity. Other annuities offer an **interest bonus**, which is an amount the insurance company adds to your annuity when you earn interest. It's usually a set percentage of the interest earned. You may not be able to withdraw some or all of your premium bonus for a set period of time. *Also, you could lose the bonus if you take some or all of the money out of your annuity within a set period of time.*

HOW DOES THE VALUE OF A DEFERRED ANNUITY CHANGE?

Fixed Annuities

Money in a fixed deferred annuity earns interest at a rate the insurer sets. The rate is **fixed** (won't change) for some period, usually a year. After that rate period ends, the insurance company will set another fixed interest rate for the next rate period. That rate could be higher or lower than the earlier rate.

Fixed deferred annuities do have a guaranteed minimum interest rate—the lowest rate the annuity can earn. It's stated in your contract and disclosure and can't change as long as you own the annuity. Ask about:

- The *initial interest* rate – What is the rate? How long until it will change?
- The *renewal interest* rate – When will it be announced? How will the insurance company tell you what the new rate will be?

Fixed Indexed Annuities

Money in a fixed indexed annuity earns interest based on changes in an index. Some indexes are measures of how the overall financial markets perform (such as the S&P 500 Index or Dow Jones Industrial Average) during a set period of time (called the **index term**).

Others measure how a specific financial market performs (such as the Nasdaq) during the term. The insurance company uses a formula to determine how a change in the index affects the amount of interest to add to your annuity at the *end of each index term*. Once interest is added to your annuity for an index term, those earnings usually are locked in and changes in the index in the next index term don't affect them. If you take money from an indexed annuity before an index term ends, *the annuity may not add all of the index-linked interest for that term to your account.*

Insurance companies use different formulas to calculate the interest to add to your annuity. They look at changes in the index over a period of time. See the box "Fixed Deferred Indexed Formulas" that describes how changes in an index are used to calculate interest.

The formulas insurance companies use often mean that interest added to your annuity is based on only *part* of a change in an index over a set period of time.

Participation rates, **cap rates**, and **spread rates** (sometimes called margin or asset fees) all are terms that describe ways the amount of interest added to your annuity may not reflect the full change in the index. But *if the index goes down over that period, zero interest is added to your annuity*. Then your annuity value won't go down as long as you don't withdraw the money.

When you buy an indexed annuity, you aren't investing directly in the market or the index. Some indexed annuities offer you more than one index choice. Many indexed annuities also offer the choice to put part of your money in a

fixed interest rate account, with a rate that won't change for a set period.

Fixed Deferred Indexed Formulas

Annual Point-to-Point: Change in index calculated using two dates one year apart.

Multi-Year Point-to-Point: Change in index calculated using two dates more than one year apart.

Monthly or Daily Averaging: Change in index calculated using multiple dates (one day of every month for monthly averaging, every day the market is open for daily averaging.) The average of these values is compared with the index value at the start of the index term.

Monthly Point-to-Point: Change in index calculated for each month during the index term. Each monthly change is limited to the "cap rate" for positive changes, but not when the change is negative. At the end of the index term, all monthly changes (positive and negative) are added. If the result is positive, interest is added to the annuity. If the result is negative or zero, no interest (0%) is added.

Variable Annuities

Money in a variable annuity earns a return based on the performance of the investment portfolios, known as "subaccounts," where you choose to put your money. Your investment choices likely will include subaccounts with different types and levels of risk. Your choices will affect the return you earn on your annuity. Subaccounts usually have no guaranteed return, but you may have a choice to put some money in a fixed interest rate account, with a rate that won't change for a set period.

The value of your annuity can change every day as the subaccounts' values change. If the subaccounts' values increase, your annuity earns money. *But there's no guarantee that the values of the subaccounts will increase. If the subaccounts' values go down, you may end up with less money in your annuity than you paid into it.*

An insurer may offer several versions of a variable deferred annuity product. The different versions usually are identified as **share classes**. The key differences between the versions are the fees you'll pay every year you own the annuity. The rules that apply if you take money out of the annuity also may be different. Read the prospectus carefully. Ask the annuity salesperson to explain the differences among the versions.

WHAT OTHER INFORMATION SHOULD YOU CONSIDER?

Fees, Charges, and Adjustments

Fees and charges reduce the value of your annuity. They help cover the insurer's costs to sell and manage the annuity and pay benefits. The insurer may subtract these costs directly from your annuity's value. Most annuities have fees and charges but they can be different for different annuities. Read the contract and disclosure or prospectus carefully and ask the annuity salesperson to describe these costs.

A **surrender** or **withdrawal charge** is a charge if you take part or all of the money out of your annuity during a set period of time. The charge is a percentage of the amount you take out of the annuity. The percentage usually goes down each year until the surrender charge period ends. Look at the contract and the disclosure or prospectus for details about the charge. Also look for any waivers for events (such as a death) or the right to take out a small amount (usually up to 10%) each year without paying the charge. If you take all of your money out of an annuity, you've surrendered it and no longer have any right to future income payments.

Some annuities have a **Market Value Adjustment (MVA)**. An MVA could increase or decrease your annuity's account value, cash surrender value, and/or death benefit value if you withdraw money from your account. In general, if interest rates are *lower* when you withdraw money than they were when you bought the annuity, the MVA could *increase* the amount you could take from your annuity. If interest rates are *higher* than when you bought the annuity, the MVA could *reduce* the amount you could take from your annuity. Every MVA calculation is different. Check your contract and disclosure or prospectus for details.

How Insurers Determine Indexed Interest

Participation Rate: Determines how much of the increase in the index is used to calculate index-linked interest. A participation rate usually is for a set period. The period can be from one year to the entire term. Some companies guarantee the rate can never be lower (higher) than a set minimum (maximum). Participation rates are often less than 100%, particularly when there's no cap rate.

Cap Rate: Typically, the maximum rate of interest the annuity will earn during the index term. Some annuities guarantee that the cap rate will never be lower (higher) than a set minimum (maximum). Companies often use a cap rate, especially if the participation rate is 100%.

Spread Rate: A set percentage the insurer subtracts from any change in the index. Also called a "margin or asset fee." Companies may use this instead of or in addition to a participation or cap rate.

How Annuities Make Payments

Annuitize: At some future time, you can choose to **annuitize** your annuity and start to receive guaranteed fixed income payments for life or a period of time you choose. After payments begin, you can't take any other money out of the annuity. You also usually can't change the amount of your payments. For more information, see "*Payout Options*" in this Buyer's Guide. If you die before the payment period ends, your survivors may not receive any payments, depending on the payout option you choose.

Full Withdrawal: You can withdraw the cash surrender value of the annuity in a lump sum payment and end your annuity. *You'll likely pay a charge to do this if it's during the surrender charge period.* If you withdraw your annuity's cash surrender value, your annuity is cancelled. Once that happens, you can't start or continue to receive regular income payments from the annuity.

Partial Withdrawal: You may be able to withdraw *some* of the money from the annuity's cash surrender value without ending the annuity. Most annuities with surrender charges let you take out a certain amount (usually up to 10%) each year without paying surrender charges on that amount. Check your contract and disclosure or prospectus. Ask your annuity salesperson about other ways you can take money from the annuity without paying charges.

Living Benefits for Fixed Annuities: Some fixed annuities, especially fixed indexed annuities, offer a **guaranteed living benefits** rider, usually at an extra cost. A common type is called a guaranteed lifetime withdrawal benefit that guarantees to make income payments you can't outlive. While you get payments, the money still in your annuity continues to earn interest. You can choose to stop and restart the payments or you might be able to take extra money from your annuity. Even if the payments reduce the annuity's value to zero at some point, you'll continue to get payments for the rest of your life. If you die while receiving payments, your survivors may get some or all of the money left in your annuity.

Annuity Fees and Charges

Contract Fee: A flat dollar amount or percentage charged once or annually.

Percentage of Purchase Payment: A front-end sales load or other charge deducted from each premium paid. The percentage may vary over time.

Premium Tax: A tax some states charge on annuities. The insurer may subtract the amount of the tax when you pay your premium, when you withdraw your contract value, when you start to receive income payments, or when it pays a death benefit to your beneficiary.

Transaction Fee: A charge for certain transactions, such as transfers or withdrawals.

Mortality and expense (M&E) risk charge: A fee charged on *variable annuities*. It's a percentage of the account value invested in subaccounts.

Underlying fund charges: Fees and charges on a *variable annuity's* subaccounts; may include an investment management fee, distribution and service (12b-1) fees, and other fees.

Living Benefits for Variable Annuities: Variable annuities may offer a benefit at an extra cost that guarantees you a minimum account value, a minimum lifetime income, or minimum withdrawal amounts regardless of how your subaccounts perform. See "Variable Annuity Living Benefit Options" below. Check your contract and disclosure or prospectus or ask your annuity salesperson about these options.

Variable Annuity Living Benefit Options

Guaranteed Minimum Accumulation Benefit (GMAB): Guarantees your account value will equal some percentage (typically 100%) of premiums less withdrawals, at a set future date (for example, at maturity). If your annuity is worth less than the guaranteed amount at that date, your insurance company will add the difference.

Guaranteed Minimum Income Benefit (GMIB): Guarantees a minimum lifetime income. You usually must choose this benefit when you buy the annuity and must annuitize to use the benefit. There may be a waiting period before you can annuitize using this benefit.

Guaranteed Lifetime Withdrawal Benefit (GLWB): Guarantees you can make withdrawals for the rest of your life, up to a set maximum percentage each year.

How Annuities Are Taxed

Ask a tax professional about your individual situation. The information below is general and should not be considered tax advice.

Current federal law gives annuities special tax treatment. Income tax on annuities is deferred. That means you aren't taxed on any interest or investment returns while your money is in the annuity. This isn't the same as tax-free. You'll pay ordinary income tax when you take a withdrawal, receive an income stream, or receive each annuity payment. When you die, your survivors will typically owe income taxes on any death benefit they receive from an annuity.

There are other ways to save that offer tax advantages, including Individual Retirement Accounts (IRAs). You can buy an annuity to fund an IRA, *but you also can fund your IRA other ways and get the same tax advantages*. When you take a withdrawal or receive payments, you'll pay ordinary income tax on all of the money you receive (not just the interest or the investment return). You also may have to pay a 10% tax penalty if you withdraw money before you're age 59½.

Payout Options

You'll have a choice about how to receive income payments. These choices usually include:

- For your lifetime
- For the longer of your lifetime or your spouse's lifetime
- For a set time period
- For the longer of your lifetime or a set time period

Finding an Annuity That's Right for You

An annuity salesperson who suggests an annuity must choose one that they think is right for you, based on information from you. They need complete information about your life and financial situation to make a suitable recommendation. Expect a salesperson to ask about your age; your financial situation (assets, debts, income, tax status, how you plan to pay for the annuity); your tolerance for risk; your financial objectives and experience; your family circumstances; and how you plan to use the annuity. If you aren't comfortable with the annuity, ask your annuity salesperson to explain why they recommended it. Don't buy an annuity you don't understand or that doesn't seem right for you.

Within each annuity, the insurer may guarantee some values but not others. Some guarantees may be only for a year or less while others could be longer. Ask about risks and decide if you can accept them. For example, it's possible you won't get all of your money back or the return on your annuity may be lower than you expected. It's also possible you won't be able to withdraw money you need from your annuity without paying fees or the annuity payments may not be as much as you need to reach your goals. These risks vary with the type of annuity you buy. All product guarantees depend on the insurance company's financial strength and claims-paying ability.

Questions You Should Ask

- Do I understand the risks of an annuity? Am I comfortable with them?
- How will this annuity help me meet my overall financial objectives and time horizons?
- Will I use the annuity for a long-term goal such as retirement? If so, how could I achieve that goal if the income from the annuity isn't as much as I expected it to be?
- What features and benefits in the annuity, other than tax deferral, make it appropriate for me?
- Does my annuity offer a guaranteed minimum interest rate? If so, what is it?
- If the annuity includes riders, do I understand how they work?
- Am I taking full advantage of all of my other tax-deferred opportunities, such as 401(k)s, 403(b)s, and IRAs?
- Do I understand all the annuity's fees, charges, and adjustments?
- Is there a limit on how much I can take out my annuity each year without paying a surrender charge? Is there a limit on the total amount I can withdraw during the surrender charge period?
- Do I intend to keep my money in the annuity long enough to avoid paying any surrender charges?

- Have I consulted a tax advisor and/or considered how buying an annuity will affect my tax liability?
- How do I make sure my chosen survivors (beneficiaries) will receive any payment from my annuity if I die?
If you don't know the answers or have other questions, ask your annuity salesperson for help.

When You Receive Your Annuity Contract

When you receive your annuity contract, carefully review it. Be sure it matches your understanding. Also, read the disclosure or prospectus and other materials from the insurance company. Ask your annuity salesperson to explain anything you don't understand. In many states, a law gives you a set number of days (usually 10 to 30 days) to change your mind about buying an annuity after you receive it. This often is called a **free look** or **right to return** period. Your contract and disclosure or prospectus should prominently state your free look period. If you decide during that time that you don't want the annuity, you can contact the insurance company and return the contract. Depending on the state, you'll either get back all of your money or your current account value.

PROTECTIVE LIFE INSURANCE COMPANY
P.O. Box 10648
BIRMINGHAM, ALABAMA 35202
800-456-6330

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

Yes

No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

Applicant's Signature

Date

Agent's Signature

Date

Agent's Name (Printed or Typed)

Agents Address (Printed or Typed)

Agent's Company (Printed or Typed)

Information on Policies which may be replaced:

Company Name

Policy Number

Name of Insured

ORIGINAL - HOME OFFICE COPY – APPLICANT

PROTECTIVE LIFE INSURANCE COMPANY
P.O. Box 10648
Birmingham, AL 35202-0648
Telephone: 1-800-456-6330

COMPARATIVE INFORMATION FORM FOR PROPOSED INSURANCE

Replacing Agent's Name

APPLICANT INFORMATION

<i>Name</i>		
<i>Street Address</i>		
<i>City, State, Zip Code</i>		
<i>Telephone Number</i>	<i>Date of Birth</i>	<i>Age</i>

POLICY INFORMATION

<i>Policy Generic Name</i>		
<i>Policy Number</i>		
<i>Date of Issue</i>	<i>Issue Age</i>	<i>Contestable Period Expires</i>
<i>Suicide Period Expires</i>	<i>Policy Loan Rate</i>	

POLICY/RIDER DESCRIPTION

<i>Policy/Rider Name</i>	<i>Initial/Continuing Benefit</i>	<i>(Age) Benefit From To</i>	<i>Initial/Renewal Annual Premium</i>	<i>(Age) Payable From To</i>
<i>Total Initial Annual Premium</i>	<i>Mode of Payment</i>	<i>Amount</i>	<i>Total Renewal Annual Premium</i>	<i>Amount</i>
\$		\$	\$	\$

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

YR	AGE	GUARANTEES				PROJECTIONS *			
		ANNUAL PREMIUM	CUMULATIVE PREMIUM	CASH VALUE	DEATH BENEFIT	ANNUAL PREMIUM	CUMULATIVE PREMIUM	CASH VALUE	DEATH BENEFIT
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
55									
60									
65									
75									
85									
95									

* Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE: The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implications.

PROTECTIVE LIFE INSURANCE COMPANY
P.O. Box 10648
Birmingham, AL 35202-0648
Telephone: 1-800-456-6330

COMPARATIVE INFORMATION FORM FOR PROPOSED INSURANCE

<i>Existing Insurer</i>	<i>Insurer's Address</i>
-------------------------	--------------------------

APPLICANT INFORMATION

<i>Name</i>		
<i>Street Address</i>		
<i>City, State, Zip Code</i>		
<i>Telephone Number</i>	<i>Date of Birth</i>	<i>Age</i>

POLICY INFORMATION

<i>Policy Generic Name</i>		
<i>Policy Number</i>		
<i>Date of Issue</i>	<i>Issue Age</i>	<i>Contestable Period Expires</i>
<i>Suicide Period Expires</i>		<i>Policy Loan Rate</i>

POLICY/RIDER DESCRIPTION

<i>Policy/Rider Name</i>	<i>Initial/Continuing Benefit</i>	<i>(Age) Benefit From To</i>	<i>Initial/Renewal Annual Premium</i>	<i>(Age) Payable From To</i>
<i>Total Initial Annual Premium</i>	<i>Mode of Payment</i>	<i>Amount</i>	<i>Total Renewal Annual Premium</i>	<i>Amount</i>
\$		\$	\$	\$

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

YR	AGE	GUARANTEES				PROJECTIONS *			
		ANNUAL PREMIUM	CUMULATIVE PREMIUM	CASH VALUE	DEATH BENEFIT	ANNUAL PREMIUM	CUMULATIVE PREMIUM	CASH VALUE	DEATH BENEFIT
1st									
2nd									
3rd									
4th									
5th									
6th									
7th									
8th									
9th									
10th									
11th									
12th									
13th									
14th									
15th									
16th									
17th									
18th									
19th									
20th									
55									
60									
65									
75									
85									
95									

* Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE: The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implications.

INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM

1. Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, alternative identification information such as an application or receipt number must be shown.
2. If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy.
3. In the disclosure of values premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
5. Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election of an alternative option which is binding on the insurer and the applicant elects to make an alternative election, then the extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
7. The dividend option elected by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services - Bureau of Investigation

ANNUITY SUITABILITY QUESTIONNAIRE

Owner: Last _____ First _____ Middle _____
 Date of Birth ____ / ____ / ____ Age _____ Sex _____
 Entity: _____
 Tax Status _____ Relationship to Annuitant(s): _____
 Form of Ownership: _____
 Supporting documents (list): _____

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Assets	
Existing Liquid Net Worth:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? _____

What are your financial objectives for this purchase? (Check all that apply)

Income Growth (long term) Safety of Principal and Income
 Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
 Other: _____

Owner's Signature **Date Signed**

Describe your risk tolerance: (Check all that apply)

- Conservative Moderately conservative Moderate Moderately aggressive
 Aggressive Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity? _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product?

Yes No

If yes, will you pay a penalty or other charge to obtain these funds?

Yes No

If yes, the amount of the charge or penalty

\$ _____

Additional Information:

Owner's Signature

Date Signed

Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

Owner’s Signature

Date Signed



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services - Bureau of Investigation

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXISTING ANNUITY CONTRACT

Annuitant(s) _____
 Insurer _____
 Contract # _____

PROPOSED ANNUITY CONTRACT

Annuitant(s): _____
 Insurer: _____
 Application #: _____

	EXISTING ANNUITY CONTRACT			REPLACEMENT ANNUITY			
Contract Issue Date	Mo	Day	Yr	Mo	Day	Yr	(Est)
Generic Contract Type							
Marketing Name							
Initial Premium							
Source of Initial Premium				N/A			
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Annuity Maturity Date							
Death Benefit Amount							
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Surrender Charge Period in Years							
First Year Surrender Charge Percentage Rate				%			
Surrender Charge Schedule for Remaining Years							
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Annual Free Withdrawal Percentage Rate				%			
Potential tax penalty for surrender/sale/exchange/annuitization (Describe)							
Investment/Insurance components (Describe)							
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Riders, Features/Cost (Describe)							
Loss of Benefits or Enhancements if existing contract exchanged? (Describe)							

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Living Benefits (Describe)		
Minimum Guaranteed Interest Rate	%	%
Limitations on interest returns (Describe)		
Interest Rate Cap / Term	/	/
Participation Rate / Term	/	/
Indexing Method / Term	/	/
Other Fees (Describe)		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be payable (Describe)		

Comments and continuation from above:

Owner's Signature

Date Signed

**DISCLOSURE OF SURRENDER CHARGES IF
EXISTING ANNUITY IS REPLACED OR EXCHANGED**

EXISTING ANNUITY CONTRACT NO. _____

Annuity Total Value \$ _____ Annuity Surrender Value \$ _____

Surrender Charges Applicable at exchange \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of _____ / _____ / _____.

Have you surrendered or exchanged an annuity contract in the last 36 months? If yes, provide details: Yes No

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Agent's Name (please print)

Florida License No.

Agent's Signature

Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT: DO NOT SIGN THIS FORM IF:

- 1. ANY ITEM HAS BEEN LEFT BLANK;**
- 2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR**
- 3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

Owner's Name (please print)

Owner's Signature

Date Signed

EXPLANATION OF TERMS

“Generic Contract Type” is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

“Marketing Name” is the name adopted by the insurer to identify the contract form.

“Qualified Contract” means a product used to fund any type of pension plan approved by the Internal Revenue Service.

“Annuity Maturity Date” is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

“Surrender Charge” is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

“Surrender Charge Period” is the number of annuity contract years a surrender charge may be applicable.

“Initial Surrender Charge Percentage Rate” is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

“Surrender Charge Percentage Schedule for Remaining Years” the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

“Minimum Guaranteed Interest Rate” is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

“Initial Bonus Percentage or Amount” is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

“Potential Loss of Bonus if Exchanged” refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

“Interest Rate Cap” this is the maximum rate of interest the annuity will earn.

Owner’s Signature

Date Signed

EXPLANATION OF TERMS

(CONTINUED)

“Participation Rate” the participation rate decides how much of the increase in the index will be used to calculate index –linked interest.

“Indexing Method” means the approach used to measure the amount of change, if any, in the index and includes annual reset (ratcheting), high-water mark and point-to-point. The index term is the period over which index-linked interest is calculated. “Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

“Administrative Fees or Margins” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

“Asset Fees” are the fees the insurer charges that are a percentage of the value of the annuity contract.

“Death Benefit Amount” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

“Free Withdrawals” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

“Annual Free Withdrawal Percentage Rate” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“Change of Annuitant upon Death” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“Waiver of Surrender Charge Benefit or Similar Benefit or Provision” is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

Owner’s Signature

Date Signed

OUT-OF-STATE VERIFICATION

"Application State" is the state where the owner signs the application and where the contract is solicited and delivered.

Owner/Entity Name: _____ SSN/TIN: _____

Annuitant Name: _____ SSN: _____

1. REASON FOR EXCEPTION *(Select one.)*

- The applicant has a residence address in the state where the product is being solicited.
 - The applicant works or has a business address in the state where the product is being solicited.
 - The applicant is an existing customer, or the producer has an existing relationship with the owner in the state where the product is being solicited.
 - The applicant is a relative of the producer who is licensed in the state where the product is being solicited.
 - The owner is not the annuitant, and the application was signed in the annuitant's state of residence.
 - This sale is to a New York resident and complies with New York laws for issuing contracts in a non-resident state.
-

2. ACKNOWLEDGEMENT AND SIGNATURE

In connection with the above referenced application, the undersigned acknowledges and affirms:

- A. All communications, solicitation and negotiation of the application occurred in the Application State.
 - B. The application was signed by the owner and the producer in the Application State.
 - C. The owner will take delivery of the contract issued in the Application State.
 - D. The applicable Insurer will rely on this verification in issuing a contract under the application.
 - E. I am properly licensed and appointed in the state where the applicant/owner has a resident address.
(Please check with your agency or state laws to see if dual registration is required.)
 - F. I am also properly licensed and appointed in the state where the solicitation was made, the application was taken, and where the contract will be delivered.
 - G. I have advised the applicant/owner of the differences (if any) between the product as approved in the applicant's/owner's primary state of residence or place of business, and the product as approved in the state of solicitation, execution of application and contract issue.
-

I hereby represent and warrant to the Company that, after conducting a reasonable inquiry into the validity of the representations set forth herein, the representations set forth herein are true and correct to the best of my knowledge.

Producer Signature: _____ Date: _____

¹ Not authorized in New York

² Authorized to sell in New York

**Request for Transfer or
Exchange of Assets**

Protective Life Insurance Company ¹
West Coast Life Insurance Company ¹
Protective Life and Annuity Insurance Company
Post Office Box 10648 / Birmingham, AL 35202-0648
Toll Free: 800-456-6330 / Fax: 205-268-3151

Existing Protective Contract Number: _____ (for additional payments only)

Check here and complete Box 4 if this is being submitted for a Rate Lock only. (If Rate Lock request is for a CD, you **must** include proof of maturity from the Financial Institution.)

Please do not select this option for the *Protective Indexed Annuity*, because the interest crediting elements for that product are determined as of the date the contract is purchased.

Complete this form to transfer assets to Protective Life Insurance Company, West Coast Life Insurance Company or Protective Life and Annuity Insurance Company (each, the "Company") for the issuance of a new annuity contract.

EXISTING ACCOUNT, CONTRACT OR POLICY TO BE TRANSFERRED

Company Name _____ Telephone Number _____

Email Address _____ Fax Number _____

Company (Overnight) Address _____

Owner's Name _____ Owner's SSN/Tax ID _____ Joint Owner's Name _____ Jt Owner's SSN/Tax ID _____

Contract/Account Number _____ Annuitant Name & SSN _____ The contract is:
(If different than Owner/Joint Owner) attached lost or destroyed

Please check this box if the existing contract being surrendered is a Fixed Annuity. (If box is checked, and your new Protective Life annuity is being issued in the state of Nevada, please complete form A-1128-NEV-Annuity.)

EXISTING ACCOUNT, CONTRACT OR POLICY TO BE TRANSFERRED

CLIENT/AGENT INITIATED INTERNAL EXCHANGE EXTERNAL EXCHANGE
Non-Qualified: _____ Qualified: _____

<input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Non-1035 Exchange <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Bank CD <input type="checkbox"/> Other Non-1035 Exchanges	1. Plan Type: <input type="checkbox"/> IRA <input type="checkbox"/> CD <input type="checkbox"/> 401(k) <input type="checkbox"/> Roth IRA <input type="checkbox"/> Mutual Fund <input type="checkbox"/> 403(b)/TSA <input type="checkbox"/> Other _____	2. Transfer Type: <input type="checkbox"/> Trustee Transfer <input type="checkbox"/> Direct Rollover
---	--	--

Proposed Plan Type: Non-Qual IRA Roth IRA Other _____

TRANSFER INSTRUCTIONS See Attached LOI

1. Amount to be transferred: Complete: Liquidate and transfer all assets in my account, contract or policy
 Partial: Liquidate and transfer assets totaling \$ _____
2. When should transfer occur: Immediately
 Upon maturity date of ____/____/____ (mm/dd/yy)
3. Current estimated value of the assets to be transferred are \$ _____
4. **RATE LOCK** I wish to lock in the interest rate that is in effect when this signed form is received by the Company. **If this box is not checked, you will receive the interest rate in effect on the day we receive the transferred amounts.**
 (Please do not select this option for the *Protective Indexed Annuity*, because the interest crediting elements for that product are determined as of the date the contract is purchased.)

Complete 1035 Exchange: I hereby make a complete and absolute assignment and transfer all rights, title and interest of every nature in the above contract to the accepting insurance company indicated below.

Partial 1035 Exchange: I hereby direct the issuer of the above-referenced existing annuity contract to process a partial 1035 exchange to the accepting insurance company indicated below. I intend for this transaction to qualify as a tax-free exchange for Federal income tax purposes.

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 on or after October 24, 2011, and an amount is withdrawn from or received in surrender of either contract 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.

For Other Transfers: Unless it is noted above to hold for a future date, I request the surrendering company to immediately complete the transfer or rollover. Do not withhold any amount for taxes from the proceeds.

SIGNATURES:

_____	_____	_____	_____
Owner's Signature	Date	Joint Owner's Signature	Date
_____	_____		
Annuitant's Signature	Date		

FOR HOME OFFICE USE ONLY

NOTICE OF ACCEPTANCE: The Company will accept the assets and credit them to an annuity contract as described above. The Company has received an application from the Owner to establish an annuity contract for this transaction.

_____	_____	_____
Authorized Signature	Title	Date

SETTLEMENT: Please make check payable for the proceeds and mail to:

- Protective Life Insurance Company
- Protective Life and Annuity Insurance Company (New York Only)
- West Coast Life Insurance Company

Mailing Address: PO Box 10648
Attn: 3-1 Annuity New Business
Birmingham, AL 35202-0648

Overnight Address: 2801 Highway 280 South
Attn: 3-1 Annuity New Business
Birmingham, AL 35223

**Pre-Determined Death Benefit
Payout Election Form**

Owner's Name: _____ Contract Number: _____

This election is made at the Owner's request. The company reserves the right to modify or disregard an election if necessary to comply with applicable laws and regulations in effect at the time of the Owner's death (or the Annuitant's death if there is a non-natural Owner). After we receive and acknowledge this form, a copy will be returned for the Owner's records. (Other options may be available. Contact us for special cases.)

1. Name of Beneficiary to whom this election applies. NOTE: This form does not change your current Beneficiary designation. The name below must match a Beneficiary designation or this election will have no legal effect.

Beneficiary Name: _____ Date of Birth: _____

Address & Telephone No: _____

Relationship: _____ Percentage: _____ Social Security No: _____

Beneficiary Type: Primary Contingent

2. The Beneficiary named may take up to _____% as a lump sum withdrawal immediately upon proof of death. (Whole percentages only) The balance will be paid as designated below.

3. Apply this option to the remaining portion of the death benefit payable to the Beneficiary named above:

Payments guaranteed for _____ years. (5 - 30 years)*

Payments for a Fixed Amount \$ _____. (Fixed amount payments may not be made for less than 5 years or more than 30 years.* The Company reserves the right to adjust the payment amount to meet these restrictions.)

Payments for the Beneficiary's lifetime.

Life with Cash Refund (not available with Single Premium Whole Life products)

Life with Installment Refund (not available with Single Premium Whole Life products)

Payments for the Beneficiary's lifetime and guaranteed for _____ years. (5 - 30 years)*

4. Payment Mode (Please select one): Monthly Semi-Annually
 Quarterly Annually

* Payout period may not exceed the Beneficiary's life expectancy. If the selected payout period exceeds the Beneficiary's life expectancy, we will adjust the payout period to the longest allowable period. (If monthly payments are less than \$50, payments may be made quarterly, semi-annually or annually at the Company's option.)

SIGNATURES: I / We request and authorize the Company to act on this election. I understand that neither the Beneficiary nor the Company can modify this election except the Company may modify or disregard this election if necessary to comply with any applicable law or regulation in effect at the time of Owner's death.

Owner's Signature Date Spouse or Joint Owner's Signature Date

Registrar Date Recorded

SIGNATURES: I / We hereby cancel the election with respect to the Beneficiary named above. I / We understand this cancellation removes any pre-determined death benefit payout option election made for this Beneficiary prior to the date entered next to my / our signature below and that a new election may now be made on a new form.

Owner's Signature Date Spouse or Joint Owner's Signature Date

Registrar Date Recorded

¹ Not authorized in New York.

Telephone Withdrawal Authorization

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

Owner's Name: _____ Contract Number: _____

SECURITY - Checks issued for withdrawals requested over the telephone will always be made payable to the owner and mailed to the owner's address according to our records. Requests on contracts owned jointly may be made by either owner, and will be made payable to both owners, if owners share a common address of record. A party with Power of Attorney (POA) will be allowed to make a request as an owner. Requests on custodial accounts must come from the broker of record, and checks will be made payable to and mailed to the broker / dealer.

We will verify your date of birth and social security (or tax id) number prior to processing a withdrawal request. We may adopt other procedures to confirm that telephone instructions are genuine. We will not be liable for losses or expenses arising from telephone instructions reasonably believed to be genuine.

1. We must receive this signed form before we will honor a telephone withdrawal request.
2. Telephone withdrawals are allowed from fixed, indexed and variable annuities, and may be subject to a surrender charge and / or a market value adjustment, according to the terms of your contract.
3. The maximum telephone withdrawal is 25% of your current contract value up to \$50,000.00. The allowable withdrawal may be further limited according to the minimum required remaining contract value, if applicable, as described in your contract.
4. Withdrawals from your annuity contract will be taken pro-rata from the investment options unless otherwise specified.
5. Full surrenders must be requested in writing.
6. Automatic withdrawals must be requested in writing, and may not be available on all products.
7. Brokers / Agents are not authorized to make a telephone withdrawal requests on behalf of an owner unless the broker / agent is the owner and custodian.
8. For contracts with a SecurePay rider, an Excess Withdrawal during the Benefit Period may significantly reduce or eliminate the value of the SecurePay benefit.

REVOCATION - We reserve the right to modify, suspend, or terminate telephone withdrawal privileges at any time without notice on an individual case basis.

- ELECTION:**
- I / We wish to authorize telephone withdrawals. I/we have read and agree to the terms and conditions specified on this form.
- I / We wish to revoke telephone withdrawals.

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 on or after October 24, 2011, and an amount is withdrawn from or received in surrender of either contract 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.

Federal and State Tax Withholding

If you are not a United States citizen and you are also not a resident of the United States, then please provide to us with this form your IRS Form W-8. If you meet these criteria (not a US citizen and also not a US resident), then this section does not apply to you. The Company will determine the appropriate amount of federal tax withholding based on the information in your W-8. In most situations the Company is not required to withhold federal taxes. State tax withholding will not be applicable. You may skip to the signature section of this form.

The Company may be required to withhold income taxes on a payment to you. If below you elect to not have taxes withheld, then when you file your tax returns there is a possibility that you will owe more money than if you choose below to have taxes withheld. Each year-end we will report to you on an appropriate IRS form 1099R any taxes that we withheld during that year. Taxes withheld count as part of your total taxes paid when you file your tax returns.

Regarding federal taxes, you may not choose below Do not withhold if the payment will be made to an address (or to an account) in a foreign country. Furthermore, in certain situations a payment from your contract or policy is subject to an additional 10% tax when you file your federal tax return.

Regarding state taxes, some states require that withholding be done at a certain minimum rate. If below you do not make any tax withholding choices, or if your choice below is inconsistent with these rules, then in general the Company is required to choose for you instead a certain minimum rate of state tax withholding.

Please make your tax withholding choices below in the section that is applicable to your policy. You may change at any time the choices that you make below. Your choices will remain in effect until you notify us that you want to change them.

1) Tax Withholding for IRA's, Non-Qualified Annuities and Life insurance policies Only

a. Federal income taxes

Withhold 10% Withhold \$ _____ or _____ % Do not withhold

b. State income taxes

Withhold \$ _____ or _____ % Withhold as required by my state Do not withhold

2) Tax Withholding for 401(k), 403(b), or 457 Annuities Only

a. Federal income taxes

Withhold 20% Withhold \$ _____ or _____ % (cannot be less than 20%)

b. State income taxes

Withhold \$ _____ or _____ % Withhold as required by my state Do not withhold

Social Security Number (SSN) or Taxpayer Identification Number (TIN)

This section applies to you if you are either 1) a US citizen, or 2) not a US citizen but are a resident of the US. If you are either, then in the following space please enter your Social Security Number (SSN) _____. If you do not have a SSN but instead have a Taxpayer Identification Number (TIN), then please enter your TIN _____.

Under penalties of perjury, I certify that:

- The SSN or TIN above is correct.
- I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding due to failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a US Citizen or a US resident alien.
- (This statement only applies to entities. If you are an individual, then this statement does not apply to you. If you are an individual, then when you sign this form below you are not making a certification regarding this statement.) The FATCA codes listed on this form that indicate an exemption from FATCA reporting are correct.

You should strike through above any of the first three statements that do not apply to you. The Company is required to withhold taxes on certain payments to you if you are subject to backup withholding.

Your federal tax classification (if you are not an individual): <input type="checkbox"/> Single-member LLC <input type="checkbox"/> C Corporation or S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> LLC classified as a C Corporation or a S Corporation <input type="checkbox"/> LLC classified as Partnership <input type="checkbox"/> Other (explain) _____	FATCA code(s): If you are an entity, then please enter your code(s) below. The IRS instructions (per the IRS web address below) explains these codes. If you are an individual, then you should not fill-in any codes below: Exempt Payee Code: _____ Exemption from FATCA Reporting Code (if any): _____
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Please consult your tax advisor regarding any questions that you may have about this certification. If there are more than one US signatories on this form, please provide the above for both signatories. There are additional instructions regarding this substitute form W-9 at www.irs.gov/forms-instructions.

Except if you have provided to us an IRS form W-8, when you sign this form below you are making the tax-related certifications above (except for any above that you strike through). The IRS regulations that require you as a US citizen or a non-citizen resident of the US to make these certifications do not extend to any of the Company's administrative provisions in this form.

SIGNATURES:

_____ Owner's Signature	_____ Date	_____ Joint Owner's Signature	_____ Date
_____ Irrevocable Beneficiary's Signature	_____ Date		

OWNER MUST COMPLETE AND SUBMIT APPROPRIATE TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION OR W-8 (Foreign Individual or Entity) WITH REQUEST. SEE BELOW FOR INFORMATION ON WHICH FORM TO COMPLETE

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION – OWNER IS:

- An individual who is a U.S. Citizen or U.S. resident alien
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7)

Other Important Information For U.S. Citizens – *If you are a U.S. Citizen and reside outside of the United States, you may not elect out of Federal Withholding. We are required to withhold at least 10% federal withholding on the taxable income of any distribution.*

W-8BEN Certificate of Foreign Status of Beneficial Owner for US Tax Withholding and Reporting – owner is:

- An individual that is not a U.S. citizen or U.S. resident alien and is not required to complete W-8BEN-E (for an entity); W-8ECI, 8233, or W-8IMY

The Taxpayer Identification Number and Certification has been included with this form request. Taxpayer Identification Number and Certification form and W-8BEN are also available on our forms site at www.myaccount.protective.com.

For any other applicable forms go to www.irs.gov. Consult your tax professional if neither of these situations pertain to you.

**Protective® Aspirations Variable Annuity
SecurePay Benefit Election Form**

Owner's Name: _____ Contract Number: _____

Instructions:

- I want to set my Benefit Election on **SecurePay Protector^{SM,*}**

*Setting the Benefit Election Date will initiate your contract's Benefit Period. There is a one-time portfolio rebalance when setting your Benefit Election Date on **SecurePay ProtectorSM**. Please refer to your Contract and Rider for details.*

***Please select one of the allocations below for your SecurePay ProtectorSM Rider. For composition of pre-selected allocations and pre-selected allocation options, see pages 5-6 of this form.**

- Protective Life Dynamic Allocation Series – Conservative (Single Fund)
- Protective Life Income Focus Pre-Selected Allocation
- Protective Life Moderate Income Pre-Selected Allocation
- Protective Life Balanced toward Income Pre-Selected Allocation
- Protective Life Balanced Growth & Income Pre-Selected Allocation
- Protective Life Balanced toward Growth Pre-Selected Allocation
- American Funds Insurance Series® Balanced Growth & Income Allocation
- American Funds Insurance Series® Conservative Allocation
- American Funds Insurance Series® Global Balanced Growth & Income Allocation

- I want to set my Benefit Election on **SecurePay Investor^{SM,**}**

Setting the Benefit Election Date will initiate your contract's Benefit Period. Please refer to your Contract and Rider for details.

****Your entire contract allocation may be to any Pre-Selected Allocation Option, or among any Sub-Accounts of PLICO Variable Annuity Account A. To change your contract allocations, please complete and submit form LAD-1121 Aspirations.**

Withdrawals:

- I want to start my Partial Automatic Withdrawal.
- I want to make a change to my existing Withdrawal.
- I want to cancel my existing Withdrawal.
- I want to take a One-Time Withdrawal in the amount of \$ _____.

Payout Option:

- Single Payout (based on the owner's life only)
If single payout is elected, the covered person will be the single primary owner or the oldest joint owner.
- Joint Payout (based on the owner and spouse's life)
If single payout is elected, the covered person will be the single primary owner or the oldest joint owner.

_____	_____	_____	
Covered Person 1	Date of Birth	SSN / Tax ID	
_____	_____	_____	_____
Covered Person 2	Date of Birth	SSN / Tax ID	Relationship to Owner

If joint payout is elected and the owner is a Custodian, the sole primary beneficiary of the custodial account must be the spouse of the annuitant. Please verify this information before submitting the form.

Contract Number: _____

How much do you want:

- Send me the maximum annual withdrawal amount allowed.
- I want my SecurePay Reserve included in my systematic withdrawal modal amount calculation.
- Send me only \$ _____

For Qualified Annuities subject to a Required Minimum Distribution (RMD)

- Send me only the amount to satisfy my Required Minimum Distribution (RMD) for this contract. I understand that the RMD will be processed each year annually on December 20th or if this date falls on a weekend or holiday, the next business day. *Complete the Federal Tax Withholding section to give us your withholding instructions.*
- Please send to me the greater amount of either my Required Minimum Distribution (RMD) or the "Annual Withdrawal Amount (AWA)."

Any Annual Withdrawal Amount (AWA) not taken during the year is cumulative from year to year, subject to the SecurePay Reserve limits described in your contract. If you begin taking your AWA at a point between contract anniversary dates, you may request a one-time withdrawal of the amount that is available from the most recent contract anniversary to the first withdrawal scheduled.

- Please check here if you want a one-time withdrawal of the amount available.

When do you want it:

Select One: Monthly Quarterly Semi-Annually Annually

Beginning Date: _____ mm/dd (select a date between the 1st – 28th)

The begin date selected will be the date the withdrawal is processed. Please allow 3-5 business days for EFT to be received at your bank.

I understand that I am responsible for payment of federal income tax on the taxable portion of each withdrawal I receive, even if I choose not to have federal income tax withheld from my withdrawal. I also understand that if I don't specify the tax withholding I want before my payment date, 10% federal income tax and applicable state income tax will be withheld from the taxable portion of my withdrawals until I make a different election.

I want my funds sent electronically to my bank (EFT).

PLEASE ATTACH A VOIDED CHECK

Routing Number

Bank Account Number

Contract Number: _____

Federal and State Tax Withholding

If you are not a United States citizen and you are also not a resident of the United States, then please provide to us with this form your IRS form W-8. If you meet these criteria (not a US citizen and also not a US resident), then this section does not apply to you. The Company will determine the appropriate amount of federal tax withholding based on the information in your W-8. In most W-8 situations the Company is not required to withhold federal taxes. State tax withholding will not be applicable. You may skip to the signature section of this form.

The Company may be required to withhold income taxes on a payment to you. If below you elect to not have taxes withheld, then when you file your tax returns there is a possibility that you will owe more money than if you choose below to have taxes withheld. Each year-end we will report to you on an appropriate IRS form 1099R any taxes that we withheld during that year. Taxes withheld count as part of your total taxes paid when you file your tax returns.

Regarding federal taxes, you may not choose below Do not withhold if the payment will be made to an address (or to an account) in a foreign country. Furthermore, in certain situations a payment from your contract or policy is subject to an additional 10% tax when you file your federal tax return.

Regarding state taxes, some states require that withholding be done at a certain minimum rate. If below you do not make any tax withholding choices, or if your choice below is inconsistent with these rules, then in general the Company is required to choose for you instead a certain minimum rate of state tax withholding. Please make your tax withholding choices below in the section that is applicable to your policy. You may change at any time the choices that you make below. Your choices will remain in effect until you notify us that you want to change them.

1) Tax Withholding for IRA's and Non-Qualified Annuities Only

a. Federal income taxes

Withhold 10%

Withhold \$ _____ or _____ %

Do not withhold

b. State income taxes

Withhold \$ _____ or _____ %

Withhold as required by my state

Do not withhold

2) Tax Withholding for 401k, 403(b), or 457 Annuities Only

a. Federal income taxes

Withhold 20%

Withhold \$ _____ or _____ %

(cannot be less than 20%)

b. State income taxes

Withhold \$ _____ or _____ %

Withhold as required by my state

Do not withhold

Contract Number: _____

Social Security Number (SSN) or Taxpayer Identification Number (TIN)

This section applies to you if you are either 1) a US citizen, or 2) not a US citizen but are a resident of the US. If you are either, then in the following space please enter your Social Security Number (SSN) _____. If you do not have a SSN but instead have a Taxpayer Identification Number (TIN), then please enter your TIN. _____.

Under penalties of perjury, I certify that:

- The SSN or TIN above is correct.
- I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding due to failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. Citizen or a U.S. resident alien.
- (This statement only applies to entities. If you are an individual, then this statement does not apply to you. If you are an individual, then when you sign this form below you are not making a certification regarding this statement.) The FATCA codes listed on this form that indicate an exemption from FATCA reporting are correct.

You should strike through above any of the first three statements that do not apply to you. The Company is required to withhold taxes on certain payments to you if you are subject to backup withholding.

Your federal tax classification (if you are not an individual): <input type="checkbox"/> Single-member LLC <input type="checkbox"/> C Corporation or S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust / Estate <input type="checkbox"/> LLC classified as a C Corporation or a S Corporation <input type="checkbox"/> LLC classified as Partnership <input type="checkbox"/> Other (explain) _____	FATCA code(s): If you are an entity, then please enter your code(s) below. The IRS instructions (per the IRS web address below) explain these codes. If you are an individual, then you should not fill-in any codes below: Exempt Payee Code: _____ Exemption from FATCA Reporting Code (if any) _____
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Please consult your tax advisor regarding any questions that you may have about this certification. If there are more than one US signatories on this form, please provide the above for both signatories. There are additional instructions regarding this substitute form W-9 at www.irs.gov/forms-instructions.

Except if you have provided to us an IRS form W-8, when you sign this form below you are making the tax-related certifications above (except for any above that you strike through). The IRS' regulations that require you as a US citizen or a non-citizen resident of the US to make these certifications do not extend to any of the Company's administrative provisions in this form.

SIGNATURES:

Owner's Signature

Date

Joint Owner's Signature

Date

Owner's SSN / Tax ID Number

Joint Owner's SSN / Tax ID Number

Annuitant's Signature
(if Custodially Owned)

Date

Protective Life Pre-Selected Allocation Options

Investment Options

Balanced toward Growth

AB VPS Large Cap Growth B	05%
American Funds® IS - Global Growth Fund (4)	10%
American Funds® IS - Growth Fund (4)	05%
BlackRock Global Allocation V.I. III	05%
Columbia VP Strategic Income 2	05%
Fidelity® VIP Balanced Portfolio Service 2	05%
Fidelity® VIP Investment Grade Bond Portfolio Service 2	05%
Franklin Income VIP 2	05%
Franklin Rising Dividends VIP 2	10%
Janus Henderson VIT Balanced Svc	15%
Janus Henderson VIT Forty Svc	05%
Janus Henderson VIT Glb Tech&Innvt Svc	05%
Lord Abbett Series Fund Bond-Debenture Portfolio	10%
PIMCO VIT Short-Term Adv	05%
T. Rowe Price Health Sciences Port II	05%

Balanced Growth & Income

AB VPS Large Cap Growth B	05%
American Funds® IS - Global Growth Fund (4)	10%
American Funds® IS - Growth Fund (4)	05%
BlackRock Global Allocation V.I. III	05%
Columbia VP Strategic Income 2	10%
Fidelity® VIP Balanced Portfolio Service 2	05%
Fidelity® VIP Investment Grade Bond Portfolio Service 2	10%
Franklin Income VIP 2	05%
Franklin Rising Dividends VIP 2	10%
Janus Henderson VIT Balanced Svc	15%
Lord Abbett Series Fund Bond-Debenture Portfolio	10%
PIMCO VIT Short-Term Adv	05%
T. Rowe Price Health Sciences Port II	05%

Balanced toward Income

AB VPS Large Cap Growth B	05%
American Funds® IS - Global Growth Fund (4)	05%
American Funds® IS - Growth Fund (4)	05%
American Funds® IS The Bond Fund of America Fund (4)	05%
BlackRock Global Allocation V.I. III	05%
Columbia VP Strategic Income 2	15%
Fidelity® VIP Balanced Portfolio Service 2	05%
Fidelity® VIP Investment Grade Bond Portfolio Service 2	10%
Franklin Income VIP 2	05%
Franklin Rising Dividends VIP 2	10%
Janus Henderson VIT Balanced Svc	05%
Lord Abbett Series Fund Bond-Debenture Portfolio	10%
PIMCO VIT Short-Term Adv	10%
T. Rowe Price Health Sciences Port II	05%

Moderate Income

AB VPS Large Cap Growth B	05%
American Funds® IS - Global Growth Fund (4)	05%
American Funds® IS - The Bond Fund of America Fund (4)	05%
BlackRock Global Allocation V.I. III	05%
Columbia VP Strategic Income 2	20%
Fidelity® VIP Balanced Portfolio Service 2	05%
Fidelity® VIP Investment Grade Bond Portfolio Service 2	10%
Franklin Income VIP 2	05%
Franklin Rising Dividends VIP 2	10%
Lord Abbett Series Fund Bond-Debenture Portfolio	15%
PIMCO VIT Short-Term Adv	10%
PIMCO VIT Total Return Adv	05%

Contract Number: _____

Protective Life Pre-Selected Allocation Options (Continued)

Investment Options

Income Focus

AB VPS Large Cap Growth B	05%
American Funds® IS - The Bond Fund of America Fund (4)	05%
Columbia VP Strategic Income 2	20%
Fidelity® VIP Investment Grade Bond Portfolio Service 2	10%
Franklin Income VIP 2	10%
Franklin Rising Dividends VIP 2	10%
Lord Abbett Series Fund Bond-Debenture Portfolio	15%
PIMCO VIT Short-Term Adv	15%
PIMCO VIT Total Return Adv	10%

American Funds Insurance Series® Pre-Selected Allocation Options

Investment Options

Global Balanced Growth & Income Allocation

American Funds® IS - Asset Allocation Fund (4)	25%
American Funds® IS - Capital World Growth & Income Fund (4)	20%
American Funds® IS - Global Growth Fund (4)	15%
American Funds® IS - The Bond Fund of America Fund (4)	25%
American Funds® IS - US Government Securities Fund (4)	15%

Balanced Growth & Income Allocation

American Funds® IS - Asset Allocation Fund (4)	25%
American Funds® IS - Growth Fund (4)	25%
American Funds® IS - Growth-Income Fund (4)	15%
American Funds® IS - The Bond Fund of America Fund (4)	25%
American Funds® IS - Washington Mutual Investors Fund (4)	10%

Conservative Allocation

American Funds® IS - Asset Allocation Fund (4)	10%
American Funds® IS - Global Growth Fund (4)	15%
American Funds® IS - Growth-Income Fund (4)	20%
American Funds® IS - The Bond Fund of America Fund (4)	40%
American Funds® IS - US Government Securities Fund (4)	15%

Signatures: By signing below I authorize the Company to act on the instructions indicated above. I understand that my variable contract value will be rebalanced and my current allocations changed according to the sub-account allocation indicated upon receipt of this form.

Owner's Signature

Date

Joint Owner's Signature

Date

Social Security Number (SSN) or Taxpayer Identification Number (TIN)

This section applies to you if you are either 1) a US citizen, or 2) not a US citizen but are a resident of the US. If you are either, then in the following space please enter your Social Security Number (SSN) _____. If you do not have a SSN but instead have a Taxpayer Identification Number (TIN), then please enter your TIN _____.

Under penalties of perjury, I certify that:

- The SSN or TIN above is correct.
- I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding due to failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a US Citizen or a US resident alien.
- (This statement only applies to entities. If you are an individual, then this statement does not apply to you. If you are an individual, then when you sign this form below you are not making a certification regarding this statement.) The FATCA codes listed on this form that indicate an exemption from FATCA reporting are correct.

You should strike through above any of the first three statements that do not apply to you. The Company is required to withhold taxes on certain payments to you if you are subject to backup withholding.

Your federal tax classification (if you are not an individual):

- Single-member LLC
- C Corporation or S Corporation
- Partnership
- Trust/Estate
- LLC classified as a C Corporation or a S Corporation
- LLC classified as Partnership
- Other (explain) _____

FATCA code(s): If you are an entity, then please enter your code(s) below. The IRS instructions (per the IRS web address below) explains these codes. If you are an individual, then you should not fill-in any codes below:

Exempt Payee Code: _____

Exemption from FATCA Reporting Code (if any): _____

Please consult your tax advisor regarding any questions that you may have about this certification. If there are more than one US signatories on this form, please provide the above for both signatories. There are additional instructions regarding this substitute form W-9 at www.irs.gov/forms-instructions.

Except if you have provided to us an IRS form W-8, when you sign this form below you are making the tax-related certifications above (except for any above that you strike through). The IRS regulations that require you as a US citizen or a non-citizen resident of the US to make these certifications do not extend to any of the Company's administrative provisions in this form.

Sign Here	Signature of U.S. person ▶	Date ▶
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