

**AUTHORIZATION TO HONOR CHECKS IN FAVOR OF
PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY, P. O. BOX 830735, BIRMINGHAM, AL 35283**

Name of bank depositor _____
(PRINT NAME AS SHOWN ON BANK RECORDS)

To _____
(NAME OF BANK AND BRANCH NAME, IF ANY) (TRANSIT NUMBER)

(ADDRESS OF BANK WHERE ACCOUNT IS MAINTAINED) (DEPOSITOR'S ACCOUNT NO.)

I hereby request that, as a convenience to me, you honor checks drawn on my account by the above Company, for the payment of premiums, and charge each such check (with current rate of exchange or any other costs) to my account upon presentation thereof, and I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. Your authority to charge such checks to my account shall cease upon my deliverance to you of written notice of revocation of this authority; and until you actually receive such notice, I agree that you shall be fully protected in honoring any such check.

This authorization card entitled the Company to update its records by obtaining current address information for this depositor through the bank.

DATE _____ (SIGNATURE OF BANK DEPOSITOR—AS SHOWN ON BANK RECORDS FOR THE ACCOUNT TO WHICH THIS AUTHORIZATION IS APPLICABLE.)

Draft Day _____ (please indicate what day of the month between 1-28)

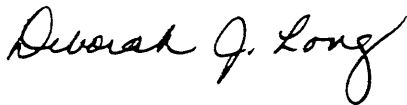
INDEMNIFICATION AGREEMENT TO: The Bank named above.

In consideration of your compliance with the request and authorization of the depositor named above, the Company agrees that:

- (1) It will indemnify and hold you harmless from any liability to any person having an account with you arising out of the payment by you of any check drawn by the Company to its own order on the account of such person, and also from liability to any person arising out of the dishonor by you, whether with or without cause or intentionally or inadvertently, of any such check drawn by the Company, whether or not such claim or liability asserted against you be based upon the forfeiture or alleged forfeiture of a policy of insurance, the premium on which is sought to be collected by the Company by any such check.
- (2) It will refund to you any amount erroneously paid by you to the Company on any such check if claim for the amount of such erroneous payment is made by you within twelve months from the receipt by you of the check on which such erroneous payment was made.
- (3) No such checks will be drawn except upon valid subsisting written authority from the depositor whose account is to be charged.
- (4) You shall be under no obligation whatsoever to make any investigation or determination as to the authenticity or correctness of any such check or to verify the authority of such checks.
- (5) It will defend at its own cost and expense any action which might be brought by any person arising from the liability set forth in (1) through (4) above.

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

By: Deborah J. Long



Secretary

Authorized in a Resolution, now in effect, adopted by the Board of Directors of the Protective Life and Annuity Insurance Company.

ATTACH SAMPLE CHECK