

Protective Life Insurance Company
Providing Services for Athene Annuity & Life Assurance
P.O. Box 12687
Birmingham, AL 35202-6687



POLICY NO: _____

INSURED'S NAME: _____

OWNER'S NAME: _____

Change of Beneficiary

I (we) hereby request that all previous beneficiary designations and directions for settlement of this policy be cancelled and that the proceeds of said policy upon the death of the insured be paid, in one sum, unless otherwise provided herein or in said policy, as follows:

PRIMARY BENEFICIARY: (Print full names and relationships to the insured)

<u>Name</u>	<u>SSN/Tax ID</u>	<u>DOB</u>	<u>Address/Phone #</u>	<u>Relationship</u>	<u>%</u>	<u>Trust Date, If Applicable</u>
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If more than one primary beneficiary is named, use percentages to indicate how proceeds are to be paid. If there are no percentages indicated, payment will be in equal shares to the surviving primary beneficiary(s). If there are no surviving primary beneficiary(s), then the proceeds will be paid to the contingent beneficiary(s). If a beneficiary is a minor at the time of death of the insured, it may be necessary to delay the payment of the death benefit until a court appoints a guardian of the estate of the minor. Before naming a minor as beneficiary, we recommend you consult an attorney about options, such as creating and naming a trust, making a designation under your state's Uniform Transfers to Minors Act, or other beneficiary designations.

CONTINGENT BENEFICIARY: (Print full names and relationships to the insured)

<u>Name</u>	<u>SSN/Tax ID</u>	<u>DOB</u>	<u>Address/Phone #</u>	<u>Relationship</u>	<u>%</u>	<u>Trust Date, If Applicable</u>
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If more than one contingent beneficiary is named, use percentages to indicate how proceeds are to be paid. If there are no percentages indicated, payment will be in equal shares to the surviving contingent beneficiary(s). If there are no surviving contingent beneficiary(s), then the proceeds will be paid to the executors, administrators, or assigns of the owner.

DAY COMMON DISASTER CLAUSE IS REQUESTED (Maximum of 30 days): If any beneficiary shall die simultaneously with the Insured or not be living on the ____ day following the death of the Insured, payment shall be made to the beneficiary(s) as if such beneficiary so dying had not survived the Insured.

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POLICY NO: _____ INSURED'S NAME: _____

SIGN HERE FOR CHANGE OF BENEFICIARY REQUEST(S)

Protective Life Insurance Company agrees that, if the policy requires endorsement or amendment for the requested change of beneficiary, recording and mailing a copy of this form will constitute such endorsement or amendment.

SIGN HERE FOR THE ABOVE REQUEST(S)

Please read the Signature Requirements to avoid a delay in processing.

Witness	Owner's Signature (Provide title if officer of corporation)	Date
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Owner Current Address

Owner Daytime Telephone

Witness	Owner's Signature (Provide title if officer of corporation)	Date
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Owner Current Address

Owner Daytime Telephone

Protective Life Insurance Company has approved and recorded the change requested above on _____.

Registrar



President

Designation Information:

Beneficiary - All beneficiary changes MUST include the designation of a primary beneficiary. Even if you only want to change the contingent beneficiary, you must confirm the primary beneficiary. If you wish to designate more than five individuals as primary or contingent beneficiaries, attach a signed and dated sheet listing the additional beneficiaries including all details requested in this form and identifying their role as a primary or contingent beneficiary.

Custodian under the Uniform Transfers to Minors Act (UTMA) acting for a minor beneficiary (Note: Only one Custodian per minor beneficiary)

Name of Custodian as Custodian for Name of Minor under the State UTMA Phone Number Permanent Address
of Custodian City State Zip SS#

Designation information

Corporate, Partnership, Trust Owned

Please sign as shown below:

Trust Owned: Signatures, followed by the word "Trustee", of all required Trustees.

Corporate/Partnership Owned: Signature and title of one authorized officer (other than Insured)

Limited Liability Company (LLC): Signature and title of one authorized individual (other than Insured)

Sole Proprietorship Owned: Signature of Owner, followed by the title "Sole Owner"

If the beneficiary is changing to a trust, please submit a copy of the Certificate of Trust or the Trust Agreement.

Any designation referencing children of the Insured shall be construed to mean such lawful (including those living, born later or legally adopted) children of the Insured as shall survive the Insured, unless otherwise limited by me in this request.

Please choose your delivery method below:

By receiving your confirmation via secure email, you avoid the delay in the time to receive via US Mail and the possibility of it being lost in the mail. You do not have to have an online account with a user ID on Protective.com in order to receive email confirmation. It is sent directly to you via secure email encryption.

If our email acknowledgement is returned undeliverable or if you elect not to provide your email address, the acknowledgement will be sent via US Postal Service First Class Mail to the address of record.

Email: _____

If you wish to receive our acknowledgement via fax, please provide your fax number, including the area code.
Fax Number including area code: (_____)_____

SIGNATURE REQUIREMENTS

1. Please complete the forms in BLACK ink to ensure that they are legible for processing.
2. If the Policy is assigned, the Assignee does not have to sign.
3. If the Owner resides in a Community Property State, we recommend that the Owner's spouse join in signing this form. This is for the protection of both parties.
4. If the Policy is owned by a partnership, association or company, this form should be signed by an officer other than the Insured.
5. If the Policy is owned by a corporation, this form must be signed by an officer other than the Insured and that signature must be attested by the Secretary of the corporation or two officers should sign. If there is only one corporate officer, please advise us on this form.
6. Signatures must be witnessed by a disinterested party of legal age.

Fraudulent Claim Warnings

Some states require that we provide specific fraud claim warning language. Before signing the claim form, please read the warning for the state where you live and the state where the insurance policy was issued.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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