

**Protective Life Insurance Company**  
Life and Health Insurance Administration  
P.O. Box 12687  
Birmingham, AL 35202-6687



Policy:	<input type="checkbox"/> Non-Tax Qualified	<input type="checkbox"/> Tax Qualified
Insured:	Owner(s):	

### REQUEST FOR FULL SURRENDER

I (we) hereby elect to surrender this policy for its cash surrender value, if any. The date used for calculation of policy values shall be the policy's monthly anniversary following the Company's receipt of the cancellation request. I (we) hereby release and discharge said Company from any and all liability whatsoever under this policy as of the date of this request. Please attach policy.

I (we) hereby certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have ever been instituted by or against me (us), that I (we) am (are) of legal age, am (are) not under guardianship or other legal disability and that said Policy is not assigned or pledged to any other person or corporation other than the assignee signed below, and that I (we) will indemnify and save harmless the said Company from any other and further claim thereunder.

*Please choose your method of payment below.*

☐ **Check by mail**

**All checks will be made payable to the owner(s). If the policy has more than one owner, the disbursement will be split equally among all owners and will be mailed to each owner at the address we have on record for that owner. If requested, we will issue one check in all owners name if located at the same address.**

**Check will be made payable to:** \_\_\_\_\_  
\_\_\_\_\_

☐ **Electronic Fund Transfer (EFT): Direct Deposit is limited to \$100,000.**

**If you would like to have the proceeds directly deposited to the owner's checking account; please attach a voided check to this surrender form. Counter or beginner checks are not acceptable.**

## REQUEST FOR FULL SURRENDER

### Notice of Withholding

The taxable portion of distributions you receive from the above policy are subject to Federal income tax withholding and state income tax withholding, where applicable, unless you elect not to have withholding apply.

If you elect not to have withholding apply to your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

**If you do not indicate your intent below, we will withhold Federal Income Tax and State Income Tax, where applicable, from the taxable portion of your distribution.**

- ☐ I have read the above information and I **DO NOT** want to have Federal income tax (and state income tax, where applicable) withheld from my distribution.
- ☐ I have read the above information and I **DO** want to have Federal income tax (and state income tax, where applicable) withheld from my distribution.

**MICHIGAN:** residents, please refer to the attached MI W-4P form for tax withholding or opt out information or visit [www.michigan.gov/taxes](http://www.michigan.gov/taxes).

**NORTH CAROLINA:** resident, please refer to the attached NC-4P form for tax withholding or opt out information or visit [www.dor.state.nc.us](http://www.dor.state.nc.us).

**SIGN HERE FOR THE ABOVE REQUEST(S)**  
***Please read the Signature Requirements to avoid a delay in processing.***

<hr/> Owner's Email Address	<hr/> Owner's Signature	<hr/> Date
<hr/> Owner's Daytime Phone Number	<hr/> Owner's Social Security Number/Tax ID	
<hr/> Owner's Email Address	<hr/> Owner's Signature	<hr/> Date
<hr/> Owner's Daytime Phone Number	<hr/> Owner's Social Security Number/Tax ID	
<hr/> Owner's Email Address	<hr/> Owner's Signature	<hr/> Date
<hr/> Owner's Daytime Phone Number	<hr/> Owner's Social Security Number/Tax ID	
<hr/> Witness Signature <b>Disinterested Party of Legal Age</b>	<hr/> Witness - Print Name	<hr/> Date
<hr/> Assignee Signature (Provide title if officer of corporation)	<hr/> Assignee - Print Name	<hr/> Date

**Signature Requirements**

1. Please complete the forms in BLACK ink to ensure that all signatures are legible and return ALL pages.
2. If the Policy is assigned, the Assignee must also sign or complete a release of assignment form.
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. Please indicate your status as spouse or owner on the above signature line.
4. If the Policy is owned by a partnership, association or company, this form should be signed by an officer other than the Insured. If the policy is owned by a corporation, this form must be signed by an officer other than insured and the signature must be attested by the Secretary of the corporation or two officers should sign. The title of the officer should be included.
5. Signatures should be witnessed by a disinterested party of legal age.
6. A notarized signature is required by the owner(s) to mail a check to an address other than the address of record.
7. If the policy has multiple owners, all owners' signatures are required. A notarized signature is required by each owner if requesting to make the check payable to owner(s) other than as indicated in the "Check will be made payable to" section.
8. If policy is trust owned, please send the section of the trust that indicates the title of the trust, trustees rights, any pages pertaining to the Life Insurance policy and the signature page. ALL applicable trustees must sign.
9. If the POA, Legal Guardian or anyone with legal authority is signing this form, please send "ALL" pages of the document. All applicable signatures are required.
10. The completed "Taxpayer Identification Number and Certification" form is required from each owner for this distribution.