

**APPLICATION**

**Customer information completed in its entirety where applicable.**

**Beneficiary information completed in its entirety.** Please note the following:

- √ Beneficiary allocations must equal 100% for both Primary and Contingent Beneficiaries.
- √ Percentage and Designation are required for each beneficiary.
- √ Any additional beneficiaries not included on the application must be submitted in writing with a signature of the owner(s) and dated.

**Plan Type.** Please note the following:

- √ Include the plan type that we are to issue the contract and ensure that it is applicable to the product being sold.
- √ Include the amount being submitted as well as any transfer and tax information applicable to this contract.

**Fund Allocations must equal 100%.**

**Replacement Questions completed in their entirety by both customer and agent.**

**Customer Signature.** All owners must sign.

- √ Annuitant signature is required if different than the owner(s).
- √ Complete Date, City and State fields.

**Agent Signature.** To ensure timely processing, please include the following:

- √ Agent's name printed, Agency name, and Agent's phone number.
- √ Florida License ID # if applicable.

**ILLUSTRATION**

*If SPIA, please include illustration.*

**SUITABILITY**

*This form does not need to be completed if the suitability of this annuity transaction has been approved by a registered principal of your firm.*

**REPLACEMENT FORM(S)**

*Please complete all applicable Replacement Forms.*

**TRANSFER / ROLLOVER / EXCHANGE FORM**

*Please complete all applicable forms.*

**TRUST DOCUMENTATION**

*If the owner or beneficiary is a Trust, we must receive a copy of the Trust Certification form or the first and last page of the trust in order to issue the contract.*

**POWER OF ATTORNEY DOCUMENTATION**

*If applicable, Durable POA documentation is required.*

<sup>1</sup> Not authorized in New York

**FOR AGENT / BROKER DEALER INFORMATION ONLY. NOT FOR USE WITH CONSUMERS.**

"Annuities are issued by Protective Life Insurance Company (PLICO) or West Coast Life Insurance Company (WCL) in all states except New York and in New York by Protective Life & Annuity Insurance Company (PLAICO); securities issued by Investment Distributors, Inc. (IDI) the principal underwriter for registered products issued by PLICO and PLAICO, its affiliates. All companies are 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."

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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 Variable Annuity II B Series

**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; \$25,000 if Protective Income Manager is purchased.)

**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 Model Portfolio, allocate to the Guaranteed Account and one Model Portfolio, *only*.

If you are purchasing a protected lifetime income benefit your contract allocation is restricted to a single choice from among the following four options.

- 100% to the Janus/Clayton Street Protective Life Dynamic Allocation Series – Conservative Sub-Account.
- 100% to the Janus/Clayton Street Protective Life Dynamic Allocation Series – Moderate Sub-Account.
- 100% to one of the three permissible “**Model Portfolios**” (Conservative Growth; Balanced Growth & Income; or Balanced Growth).
- Create a portfolio, using: *not less than* 40% allocation among Category 1 (Conservative) Sub-Accounts; *not more than* 60% allocation among Category 2 (Moderate) Sub-Accounts; and, *not more than* 25% allocation among Category 3 (Aggressive) Sub-Accounts. Category 4 Sub-Accounts *may not be used* in this portfolio.

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

**Protective Life Guaranteed Account**

<u>Purchase Payment</u>	<u>Investment Option</u>
____ %	Guaranteed Account – <b>not available if you purchase a protected lifetime income benefit</b>
____ %	DCA Account 1 – Make DCA transfers on the ____ day (1 <sup>st</sup> – 28 <sup>th</sup> ) of the month for ____ months (3 – 6 months).
____ %	DCA Account 2 – Make DCA transfers on the ____ day (1 <sup>st</sup> – 28 <sup>th</sup> ) of the month for ____ months (7 – 12 months).

**Sub-Accounts of the Protective Variable Annuity Separate Account**

**Category 1 – Conservative**

<u>Purchase Payment</u>	<u>DCA Allocation</u>	<u>Manager</u>	<u>Investment Option</u>
____ %	____ %	American Funds	Bond
____ %	____ %	American Funds	U.S. Government/AAA-Rated Securities
____ %	____ %	Fidelity Management & Research	Investment Grade Bond
____ %	____ %	Franklin Templeton Investments	Franklin U.S. Government Securities
____ %	____ %	Goldman Sachs Asset Management	Core Fixed Income
____ %	____ %	Invesco Advisers	Government Securities
____ %	____ %	Invesco Advisers	Oppenheimer Government Money
____ %	____ %	Janus	Clayton Street Protective Life Dynamic Allocation Series – Conservative
____ %	____ %	PIMCO	Low Duration
____ %	____ %	PIMCO	Short-Term
____ %	____ %	PIMCO	Total Return

**Category 2 – Moderate**

____ %	____ %	American Funds	Asset Allocation
____ %	____ %	American Funds	Capital Income Builder
____ %	____ %	Franklin Templeton Investments	Franklin Income
____ %	____ %	Franklin Templeton Investments	Franklin Strategic Income
____ %	____ %	Goldman Sachs Asset Management	Global Trends Allocation
____ %	____ %	Invesco Advisers	Balanced Risk Allocation
____ %	____ %	Invesco Advisers	Equity and Income
____ %	____ %	Invesco Advisers	Oppenheimer Global Strategic Income
____ %	____ %	Janus	Clayton Street Protective Life Dynamic Allocation Series – Moderate
____ %	____ %	Legg Mason	QS Dynamic Multi-Strategy
____ %	____ %	Lord Abbett	Bond Debenture
____ %	____ %	PIMCO	All Asset
____ %	____ %	PIMCO	Global Diversified Allocation
____ %	____ %	PIMCO	Long-Term U.S. Government
____ %	____ %	PIMCO	Real Return
____ %	____ %	Franklin Templeton Investments	Templeton Global Bond

**Category 3 – Aggressive**

____ %	____ %	American Funds	Blue Chip Income & Growth
____ %	____ %	American Funds	Global Growth
____ %	____ %	American Funds	Global Growth and Income
____ %	____ %	American Funds	Growth
____ %	____ %	American Funds	Growth-Income
____ %	____ %	Fidelity Management & Research	Contrafund®
____ %	____ %	Fidelity Management & Research	Index 500

CONTRACT # \_\_\_\_\_

**Sub-Accounts of the Protective Variable Annuity Separate Account (continued)**

**Category 3 – Aggressive (continued)**

<u>Purchase Payment</u>	<u>DCA Allocation</u>	<u>Manager</u>	<u>Investment Option</u>
____%	____%	Fidelity Management & Research	Mid Cap
____%	____%	Franklin Templeton Investments	Franklin Mutual Global Discovery
____%	____%	Franklin Templeton Investments	Franklin Mutual Shares
____%	____%	Franklin Templeton Investments	Franklin Rising Dividends
____%	____%	Goldman Sachs Asset Management	Strategic Growth
____%	____%	Invesco Advisers	American Value
____%	____%	Invesco Advisers	Comstock
____%	____%	Invesco Advisers	Growth and Income
____%	____%	Invesco Advisers	International Growth
____%	____%	Invesco Advisers	Oppenheimer Capital Appreciation
____%	____%	Invesco Advisers	Oppenheimer Main Street®
____%	____%	Janus	Clayton Street Protective Life Dynamic Allocation Series – Growth
____%	____%	Lord Abbett	Calibrated Dividend Growth
____%	____%	Lord Abbett	Fundamental Equity

**Category 4 – Not available if you purchase a protected lifetime income benefit**

____%	____%	American Funds	Global Small Capitalization
____%	____%	American Funds	International
____%	____%	American Funds	New World
____%	____%	Franklin Templeton Investments	Franklin Flex Cap Growth
____%	____%	Franklin Templeton Investments	Franklin Small Cap Value
____%	____%	Franklin Templeton Investments	Franklin Small-Mid Cap Growth
____%	____%	Franklin Templeton Investments	Templeton Developing Markets
____%	____%	Franklin Templeton Investments	Templeton Foreign
____%	____%	Franklin Templeton Investments	Templeton Growth
____%	____%	Goldman Sachs Asset Management	Growth Opportunities
____%	____%	Goldman Sachs Asset Management	International Equity Insights
____%	____%	Goldman Sachs Asset Management	Mid Cap Value
____%	____%	Invesco Advisers	Global Real Estate
____%	____%	Invesco Advisers	Mid Cap Growth
____%	____%	Invesco Advisers	Oppenheimer Global
____%	____%	Invesco Advisers	Small Cap Equity
____%	____%	Legg Mason	ClearBridge Mid Cap
____%	____%	Legg Mason	ClearBridge Small Cap Growth
____%	____%	Lord Abbett	Growth Opportunities
____%	____%	Lord Abbett	Mid Cap Stock
____%	____%	Royce & Associates	Small-Cap

**Protective Life Model Portfolios**

<u>Purchase Payment</u>	<u>DCA Allocation</u>		<u>Purchase Payment</u>	<u>DCA Allocation</u>	
____%	____%	Conservative Growth	____%	____%	Balanced Growth
____%	____%	Balanced Growth and Income	____%	____%	Growth Focus - <b><i>not available if you purchase a protected lifetime income benefit</i></b>

**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. If Protective Income Manager (with required Portfolio Rebalancing) is selected, no other options are available.

**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 5 or Protective Income Manager is selected.

Rebalance to my current Variable Account allocation  quarterly  semi-annually  annually on the \_\_\_\_\_ day (1<sup>st</sup> – 28<sup>th</sup>) 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.

- Maximum Anniversary Value Death Benefit - Not available if any Owner or Annuitant is age 76 or older.
- Maximum Quarterly Value Death Benefit - Not available if any Owner or Annuitant is age 76 or older.

**Protected Lifetime Income Benefits** – Do not select more than one protected lifetime income benefit.

- SecurePay 5 - Not available if any Owner or Annuitant is younger than age 60 or older than age 85.
  - Protective Income Manager<sup>SM</sup> - Not available if any Covered Person is younger than age 60 or older than age 80.
- Please indicate:  one covered person or  two covered persons, and complete forms LAD-1216 and LAD-1133.

**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 PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.**

Application signed at: (City & State) \_\_\_\_\_ on (Date) \_\_\_\_\_.

Owner 1: \_\_\_\_\_ Owner 2: \_\_\_\_\_ Annuitant: \_\_\_\_\_

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

Remarks: \_\_\_\_\_

**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: \_\_\_\_\_  
 State Agent License # \_\_\_\_\_ Phone # \_\_\_\_\_

**Life and Annuity Division**

**Protective Life Insurance Company <sup>1</sup>**  
**West Coast Life Insurance Company <sup>1</sup>**  
**Protective Life and Annuity Insurance Company**  
**Post Office Box 1928 / Birmingham, AL 35201-1928**  
**Toll Free: 800-456-6330 / Fax: 205-268-6479**

**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:**

<p>Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p>	<p>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: _____%</p>
<p>Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p>	<p>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: _____%</p>
<p>Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p>	<p>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: _____%</p>
<p>Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p>	<p>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: _____%</p>
<p>Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p>	<p>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: _____%</p>
<p>Beneficiary Type: (select one) <input type="checkbox"/> Primary <input type="checkbox"/> Contingent</p>	<p>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: _____%</p>

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_

**SIGNATURES:**

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

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

<sup>1</sup> 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.** 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.



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## 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.

#### 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.

- 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 FINRA<sup>1</sup> 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.

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

- 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](http://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?

### 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.

### 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.

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**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.

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 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 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*" at right. 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 horizon?
- 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 of the annuity's fees, charges, and adjustments?
- Is there a limit on how much I can take out of 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.

## OUT-OF-STATE VERIFICATION

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"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 \_\_\_\_\_

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### 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 \_\_\_\_\_

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<sup>1</sup> Not Authorized in New York

<sup>2</sup> Authorized to sell in New York



Life and Annuity Division

Protective Life Insurance Company <sup>1</sup>

West Coast Life Insurance Company <sup>1</sup>

Request for Transfer or  
Exchange of Assets

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

Contract/Account Owner's Name

Contract/Account Number

Owner's SSN/Tax ID

The contract is:  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:

- 1035 Exchange
- Non-1035 Exchange
  - Mutual Fund
  - Bank CD
  - Other Non-1035 Exchanges

1. Plan Type:
- IRA
  - 401(k)
  - Mutual Fund
  - CD
  - Roth IRA
  - 403(b)/TSA
  - Other \_\_\_\_\_

2. Transfer Type:
- Trustee Transfer
  - Direct Rollover

**Proposed Plan Type:**  Non-Qual  IRA  Roth IRA  Other \_\_\_\_\_

**TRANSFER INSTRUCTIONS**

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.)

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**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.

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**SIGNATURES:**

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

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**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

**PROTECTIVE LIFE INSURANCE COMPANY**  
**P.O. BOX 10648**  
**BIRMINGHAM, ALABAMA 35202-0648**  
**TELEPHONE: 800-456-6330**

**NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE AND ANNUITIES**

You have indicated that you intend to replace existing life insurance or annuity coverage in connection with the purchase of our life insurance or annuity policy. As a result, we are required to send you this notice. Please read it carefully.

Whether it is to your advantage to replace your existing insurance or annuity coverage, only you can decide. It is in your best interest, however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed policy and your existing insurance or annuity coverage.

You may want to contact your existing life insurance or annuity company or its agent for additional information and advice or discuss your purchase with other advisors. Your existing company will provide this information to you. The information you receive should be of value to you in reaching a final decision.

If either the proposed coverage or the existing coverage you intend to replace is participating, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverages are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Under your existing policy, the period of time during which the issuing company could contest the policy because of a material misrepresentation or omission concerning the medical information requested in your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. Your existing policy may have options which are not available under the policy being proposed to you or may not come into effect under the proposed policy until a later time during your life. Also, your proposed policy's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay the premiums on the proposed policy, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

After we have issued your policy, you will have 20 days from the date the new policy is received by you to notify us you are cancelling the policy issued on your application and you will receive back all payments you made to us.

You are urged not to take action to terminate or alter your existing life insurance or annuity coverage until you have been issued the new policy, examined it and have found it acceptable to you.

Insurer  
*as it appears on the policy or contract*

Insured  
*as it appears on the policy or contract*

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Policy or Contract Number

Insured Birthdate

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Agent's Signature

Applicant's Signature

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Date

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Date

**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

<sup>1</sup> Not authorized in New York.

**Life and Annuity Division**

Protective Life Insurance Company<sup>1</sup>  
West Coast Life Insurance Company<sup>1</sup>

Protective Life and Annuity Insurance Company

**Telephone Withdrawal Authorization**

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.

**SIGNATURES** - By signing below I authorize the Company to act on the instructions indicated above.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Irrevocable Beneficiary's Signature

\_\_\_\_\_  
Date

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<sup>1</sup> Not authorized in New York.

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](http://www.myaccount.protective.com).

For any other applicable forms go to [www.irs.gov](http://www.irs.gov). Consult your tax professional if neither of these situations pertain to you.

**Life and Annuity Division**

**Protective Life Insurance Company <sup>1</sup>**  
**Protective Life and Annuity Insurance Company**  
**Post Office Box 1928**  
**Birmingham, AL 35201-1928**  
**Toll Free: 800-456-6330 / Fax: 205-268-6408**

**SecurePay Benefit Election**

Owner's Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

**Instructions:**

- I want to set my Benefit Election  
*Setting the Benefit Election Date will initiate your contract's Benefit Period. Please refer to your Contract and Rider for details.*
- 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 joint payout is elected please provide:

\_\_\_\_\_  
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.*

**How much do you want:**

- Send me the maximum annual withdrawal amount allowed
- Send me only \$ \_\_\_\_\_

*Any Annual Withdrawal Amount (AWA) not taken during the year is not cumulative from year to year. 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 1<sup>st</sup> – 28<sup>th</sup>)

*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.*



**Do you want taxes withheld: (Living Benefit Withdrawals are treated as distributions, NOT transfers. All withdrawals will be processed as gross amount; tax withholding does reduce the amount of the check.)**

Federal \_\_\_\_\_ Do Not Withhold \_\_\_\_\_ Specify % or Dollar Amount

State \_\_\_\_\_ \*Do Not Withhold \_\_\_\_\_ \*\*Specify % or Dollar Amount

\*Some states require mandatory state income tax when federal income tax is withheld. For these states we will withhold based on the state requirements.

\*\*Some states do not allow state income tax withholding. We will withhold according to your instructions allowed by the state.

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: \_\_\_\_\_

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**NOTARY:**

**For your protection, Protective Life requires a Notary Signature for ALL first time electronic fund transfers (EFTs), new bank accounts, changes to your bank account on file, payments to a different address than on file or third party payers. If your request does not include a notarization, we will process your request as a check to the address of record.**

**NOTARY PUBLIC SEAL STAMP HERE:**

\_\_\_\_\_  
Notary Public Signature Date

\_\_\_\_\_  
Title

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**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 Income Manager Withdrawal Form

**\* If you do not wish to begin taking Protective Income Manager Benefit withdrawals within the next 60 days skip to Section F.**

Owner's Name: \_\_\_\_\_ Contract Number: \_\_\_\_\_

**Section A: Payout Option** – The Joint Life Coverage Option can only be selected if both Owners of the Contract are spouses, OR if there is one Owner and a spouse who is the SOLE Primary Beneficiary. Please choose one and enter Covered Person(s) information in Section B.

- Select one:**
- Single Life Coverage Option
  - Joint Life Coverage Option

**Section B: Covered Person(s) Information** – Please complete the information below. (If Single Life Coverage Option is elected, Covered Person 1 must be the single Primary Owner or oldest Joint Owner. If Joint Life Coverage Option is elected, Covered Persons 1 and 2 must be spousal Joint Owners or a Single Owner with SOLE spouse Beneficiary.) The Annuitant must be a Covered Person.

Covered Person 1	Date of Birth	SSN / Tax ID	
Covered Person 2 (Joint Life Coverage Options Only)	Date of Birth	SSN / Tax ID	Relationship to Owner

- Check here if you have verified that the spouse is the primary beneficiary on the Firm held Custodial Account.  
**Note:** Please confirm that this is an available payout option for your Firm's Custodial Accounts.

**(Please continue to Section C for automatic withdrawals, or Section E for a One-Time withdrawal.)**

**Section C: Withdrawals** – All Protective Income Manager withdrawals will be taken on a pro-rata basis from your investment allocations. Withdrawals in excess of your Optimal Withdrawal Amount (OWA) may result in significantly lower OWA in the future. Please refer to your Contract or prospectus for additional information.

**\*In order for us to process your request you must also complete the "Notice of Federal Tax Withholding on Non-Periodic Distribution" form (LAD-1133.)**

**\*Protective Income Manager withdrawals are not cumulative. Amounts not withdrawn during any contract year cannot be withdrawn in future years. You may request a withdrawal of any remaining OWA at any time prior to the next contract anniversary.**

**\*If you need to take an additional amount to satisfy the RMD for this contract, please complete the RMD Withdrawal Service Form (LAD-1163.)**

- Select one:**
- I wish to set up OWA withdrawals using the Partial Automatic Withdrawal (PAW) program.
  - I wish to make a change to my existing withdrawal election.
  - I wish to cancel my existing withdrawal election. (Please continue to Section F)

<sup>1</sup> Not authorized in New York

**Section C: (Continued)**

**Select one:**  Please withdraw an amount of \$\_\_\_\_\_ per period based on the frequency selected in Section D below. (The maximum allowed without causing an excess withdrawal is the OWA remaining for the current contract year / number of modes in a year.) I understand this will be the set payment amount and will not change unless I instruct differently.  
**(Continue to Section D and then Section F.)**

Please withdraw the OWA allowable without causing an excess withdrawal and using the PAW program with the amount based on the OWA divided by the frequency selected in Section D below. **Remember that the Optimal Withdrawal Amount is calculated from contract anniversary to contract anniversary. Any OWA amount not taken during the year is not cumulative from year to year. If you begin taking your OWA 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 modal withdrawal scheduled in Section D below.**

\_\_\_\_\_ Please initial here to request this additional amount in a “One-Time” withdrawal.

I wish to withdraw an amount other than the maximum OWA. Please indicate the percentage: \_\_\_\_\_ % (50%, 75%, etc.) of the OWA.

**(Continue to Section D and then Section F.)**

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**Section D: Partial Automatic Withdrawal** – All PAWs are taken pro-rata from your investment elections and must be made via Electronic Funds Transfer (EFT). **Enclose a voided check with this request. \*(Distributions must begin within 60 days of the date this form is signed.)**

**Select one:**  Monthly  Quarterly  Semi-Annually  Annually

**\*Beginning Date:** \_\_\_\_\_ mm/dd (1<sup>st</sup> – 28<sup>th</sup>)

*\*The “Beginning Date” is the date on which your Partial Automatic Withdrawal will be processed by Protective. Please allow up to 3 days for receipt of funds into your account since acceptance and processing of the funds is at the discretion of your financial institution.*

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**Section E: “One-Time” Withdrawal**

I wish to take a “one-time” withdrawal of \$\_\_\_\_\_ from my contract. (Please note that withdrawals taken in excess of your OWA may result in a significantly lower OWA in the future.) If you are enrolled in the PAW program, your “one-time” withdrawal will terminate your PAW program.

**Payment Instructions** – If you wish to have your withdrawal sent via EFT, please enclose a voided check with this request.

**Select one:**  Payment to Owner or both Joint Owners

Payment to third party or only one Joint Owner indicated below:

Name: \_\_\_\_\_

**Select one:**  Use address of record.

Use alternate address indicated below:

Mailing Address: \_\_\_\_\_

**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 prior to October 24, 2011**

Based on our understanding of IRS guidance in Rev. Proc. 2008-24, if a contract is involved in a tax-free exchange under Internal Revenue Code section 1035 that is completed prior to October 24, 2011, and an amount is withdrawn from or received in surrender of either contract involved within 12 months of the exchange, the exchange is to be treated as a taxable distribution unless an exception, such as the occurrence of one of the following events, applies as of the date of the withdrawal or surrender.

**Please indicate which, if any, of the following events applies to the taxpayer as of the date of this requested withdrawal or surrender.**

- Age 59 ½       Disabled       Divorced       Loss of Employment

**NOTE: If none of the above events is checked, and the requested withdrawal or surrender is made within 12 months of a partial exchange involving this contract, the exchange will no longer be treated as a tax-free exchange under Internal Revenue Code section 1035, and the partial exchange may need to be reported to you and the IRS as a taxable distribution from the contract.**

**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.

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**Section F: Notary**

**For your protection, Protective Life requires a Notary Signature for ALL first time electronic fund transfers (EFTs), new bank accounts, changes to your bank account on file, payments to a different address than on file or third party payers. If your request does not include a notarization, we will process your request as a check to the address of record.**

**NOTARY PUBLIC SEAL STAMP HERE:**

\_\_\_\_\_  
Notary Public Signature      \_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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**Section G: SIGNATURES** – By signing below I authorize the Company to act on the instructions indicated above.

- At this time I do not want the Protective Income Manager Benefit withdrawals to start within the next 60 days.**

\_\_\_\_\_  
Owner's Signature      \_\_\_\_\_      \_\_\_\_\_  
Date \*      Joint Owner's Signature      Date \*

\_\_\_\_\_  
Annuitant's Signature (if Custodial Owned)      \_\_\_\_\_  
Date \*

# Taxpayer Identification Number and Certification

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification of the person whose name is entered on the Name line above. Check only <b>one</b> of the following seven boxes:  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note.</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other ▶	Exemptions (codes apply only to certain entities, not individuals)  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
City, State, and ZIP code	
List account number(s) here (optional)	

<b>Part I</b>	<b>Taxpayer Identification Number (TIN)</b>																																						
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is generally your social security (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I of the W-9 instructions at website listed below. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on the W-9 instructions at website listed below.  <b>Note.</b> If the account is in more than one name, please refer to the W-9 instructions for guidelines on whose number to enter. Also, see <i>What Name and Number to Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="11" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width:33.33%; height: 40px;"></td> <td style="width:3.33%; text-align: center;">-</td> <td style="width:33.33%; height: 40px;"></td> <td style="width:3.33%; text-align: center;">-</td> <td style="width:33.33%; height: 40px;"></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="11" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width:22.22%; height: 40px;"></td> <td style="width:2.22%; text-align: center;">-</td> <td style="width:22.22%; height: 40px;"></td> <td style="width:2.22%;"></td> <td style="width:22.22%; height: 40px;"></td> <td style="width:2.22%;"></td> <td style="width:22.22%; height: 40px;"></td> <td style="width:2.22%;"></td> <td style="width:22.22%; height: 40px;"></td> <td style="width:2.22%;"></td> <td style="width:22.22%; height: 40px;"></td> </tr> </table>	Social security number												-		-		Employer identification number												-									
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<b>Part II</b>	<b>Certification</b>
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> <li>1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</li> <li>2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</li> <li>3. I am a U.S. citizen or other U.S. person, and</li> <li>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.	

Sign Here	Signature of U.S. person ▶	Date ▶
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**IMPORTANT** – if any part of the payment made to you could be subject to backup withholding and we do not receive this completed form, we will do backup withholding of 24% on those amounts.