

NOTICE TO INSURER OF PROPOSED REPLACEMENT - ANNUITY

Date:

EXISTING POLICY/CONTRACT INFORMATION

Company Name: (Please complete a separate form for each company)

Policy/Contract Type:	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity
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Policy/Contract #:

Policy/Contract Owner(s):

Check if this is a Deferred Annuity to Immediate Annuity replacement and indicate the Payout Type/Income Option Selected (*for example, Life Income with 10 year period certain*)

Payout Type/Income Option: _____

AGENT INFORMATION – PROPOSED POLICY/CONTRACT

Name of Agent:

Address: (*Street, City, State and Zip Code*)

Telephone Number:

Fax Number:

SALES MATERIAL

List all sales material used in this sale, including form name and form number.
For variable products, list any sales material used in addition to the prospectus.
If no sales material was used, please indicate by adding NONE.

FORM NAME:

FORM NUMBER:

PROPOSAL

Indicate if a proposal was used in this sale. If Yes, please submit a copy of the proposal with this form.

Yes No

EXISTING INSURER

1. Please be advised that the policy/contract owner is considering replacing the policy(ies)/contract(s) listed above. The policy/contract owner authorizes the insurer to release the information needed for completing the New York State LICONY Disclosure Statement, LICONY Appendix 10B, attached. In accordance with the New York State Department of Financial Services Regulation 60, it is required that this information be furnished within twenty (20) days to:

- The agent named above
- PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY
- The agent of record of the existing policy and/or contract

2. PLEASE NOTE:

- If a Deferred Annuity to Immediate Annuity replacement is indicated on page 1 of this form, you must provide the information required to complete page 3b of the LICONY Appendix 10B – Disclosure Statement.
- If the existing annuity includes any Guaranteed Living Benefits (GLB’s), you must include the information required to complete page 3a of the LICONY Appendix 10B – Disclosure Statement.

3. Please forward this information to:

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY
Fax: 1-205-268-3151
or email to Annuities@Protective.com

This authorization is valid until revoked by the undersigned in writing.

Policy/Contract Owner’s Signature

Joint Policy/Contract Owner’s Signature

Policy/Contract Owner’s Name (Printed)

Joint Policy/Contract Owner’s Name (Printed)

Street Address

Street Address

City, State and Zip Code

City, State and Zip Code