Withdrawal Request Form (Please use LAD-1233 for any SecurePay Benefit Withdrawals) 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
2801 Highway 280 South / Birmingham, AL 35223
Toll Free: 800-456-6330 / Fax: 205-268-6479

Owner's	s Nam	ne: Contract Nur	Contract Number:		
charges surrend If you w (EFT) y receive penalty applicat disquali	er is reposed in a second of the content of the con	AL <sup>2</sup> – Withdrawals in excess of the surrender charge-free amount for MVA (if applicable). If you wish to exercise the ProPayer SPIA required. Your contract may require a remaining balance after your with like the withdrawal to be deposited directly into your checking account nust enclose a voided check with this request. Please allow 3-5 by your bank. Withdrawal of earnings is subject to income tax and not ken prior to age 59 ½. For additional information, please refer to you have also please note: Certain withdrawals within 12 months of a payer tax free exchange. See signature page for IMPORTANT information.  Please withdraw \$ from my contract.	A Commutable Benefit, a full hdrawal has been processed. via Electronic Funds Transfer usiness days for EFT to be may be subject to a 10% IRS our contract or prospectus, if artial exchange can potentially		
		Process my withdrawal as:  Gross  Net (If no selection in the Please withdraw the entire contract value. (Please enclose your Contract Statement box at the bottom of page 4.)	·		
		Withdraw the Required Minimum Distribution (RMD).			
		Withdraw the maximum amount without incurring surrender charges.			
2.		Pro-rate the withdrawal across my current investment allocations.			
۷.	_	Take the withdrawal from the funds/guaranteed periods indicated belo	w.		
	_	\$% from \$% fron			
		\$%from \$%fron			
	<b>D</b> 4 147				
WITHD	KAWA	AL REQUEST - ONE TIME WITHDRAWAL ForContracts with Riders			
Withdravin future an excess	vals in guara ss with drawal	otice Regarding Excess Withdrawals:  n excess of the guaranteed withdrawal amount called "excess withdrawals", will ranteed withdrawal amounts. If you would like to make an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you mall to obtain a personalized, transaction-specific calculation showing the effect of the light want to take a One-Time withdrawal in the amount of \$	drawal and are uncertain how ay contact us prior to requesting		
FN, FS paymer interrup anniver directly request subject	, MG, tion of sary a into you . <i>Ple</i> to ind	C INTEREST WITHDRAWAL (AIW) – MVA Contracts ONLY that beging, PP, FW and GW: You may withdraw up to the prior year's interest quency, except annual, the payment amount during a contract year of interest compounding. Withdrawals will be made by the 3 <sup>rd</sup> busing and checks will be mailed within the next 5 calendar days. If you would your checking account via Electronic Funds Transfer (EFT) you must enterest allow 3-5 business days for EFT to be received by your bank come tax and may be subject to a 10% IRS penalty tax if taken prior all products.	t earned. If you choose any will be less because of the ness day after your contract I like the AIW to be deposited close a voided check with this <b>k</b> . Withdrawal of earnings is		
1.		Withdraw the maximum amount available for the frequency chosen be	low.		
2.		Withdraw \$ (\$100 minimum) from the	_ year Guaranteed Period(s).		
		Withdrawal Mode:    Monthly    Quarterly    Semi-A	Annually		
3.		Take the AIWs from the year Guaranteed F	Period(s).		
4.		Cancel my existing AIW.			

Contracts ONLY - All PAWs must be taken via Electronic Funds Transfer (EFT). PAWs taken from Variable Annuity Contracts that begin with VA and NV must be taken pro-rata from your investment elections. For SWIPs. and withdrawals taken from Indexed Annuity Contracts that begin with AI, BI, MI and WI, you may choose either pro-rata withdrawals or specify how withdrawals are to be allocated between accounts by completing part three of this section below. For Indexed Annuity contracts that begin with FA. FR. FP or FY review and complete sections 1 and 4 below. Minimum contract values may be required before initiating a Partial Automatic Withdrawal. Please refer to your contract or prospectus, if applicable, for additional information. Please enclose a voided check with this request if your withdrawals will be made via EFT. Please allow 3-5 business days for EFT to be received by your bank. Withdrawal of earnings is subject to income tax and may be subject to a 10% IRS penalty if taken prior to age 59 1/2. Withdrawals in excess of the surrender charge-free amount may be subject to surrender charges. PAW / SWIPS are not available on all products. □ Begin new PAW/SWIP □ Change existing PAW/SWIP □ Cancel existing PAW/SWIP 2. Withdraw \$\_\_\_\_\_ (\$100 minimum) from my contract beginning \_\_\_\_\_ (1<sup>st</sup> – 28<sup>th</sup>). Quarterly Withdrawal Mode: ■ Monthly □ Semi-Annually
□ Annually 3. For Indexed Annuity Contracts, and Variable Annuity Contracts that begin with either VA or NV, please make payout selection below: Please pro-rate my withdrawals across my current investment allocations. Please take my withdrawals from the funds indicated below: \$% \_\_\_\_\_from\_\_\_\_ \$% \_\_\_\_\_from\_\_\_\_ \$% from \$% \_\_\_\_\_from\_\_\_\_ 4. For Indexed Annuity Contracts that begin with FA, FR, FP, or FY, ONLY, contracts that have NOT elected a Protected Lifetime Income Benefit Rider can participate in a systematic withdrawal program. Please review these important disclosures regarding your indexed annuity. You can select a specified dollar amount or a percent of contract value. Upon the next anniversary, we will transfer the minimum amount needed to the Fixed account in order to support the annual withdrawal amount specified or calculated. Funds will be transferred pro rata from available strategies. All systematic withdrawals will be processed from the Fixed account. If your contract is invested in a multi-year interest crediting strategy that does not earn interest annually (i.e. 2 - year fund), the fund transfer to the Fixed account can only occur on the index anniversary. Therefore, the anniversary transfer will include enough funds to proportionally cover the systematic withdrawal amount for the subsequent years. Any partial withdrawal will stop a systematic withdrawal. You may instruct us to re-start a new systematic withdrawal by completing a new request form. If your Fixed account has enough funds available to cover your withdrawal request, we can set up prior to next anniversary. If you request a required minimum distribution (RMD) from your account that has an existing systematic withdrawal, we will set the RMD to process as of 12/20/YYYY (current year) to reduce negative effects on the existing systematic withdrawal. However, an adhoc RMD request will affect the amount remaining in the Fixed account and could terminate the systematic withdrawal if enough funds do not remain. \_\_\_\_\_ (\$100 minimum) from my contract beginning \_\_\_\_\_ (1st - 28th excluding Withdraw \$ anniversary date). Withdrawal Mode: ■ Monthly Quarterly ■ Semi-Annually ■ Annually -OR-Annual Percentage of Contract Value % beginning (1<sup>st</sup> – 28<sup>th</sup> excluding 

PARTIAL AUTOMATIC / SYSTEMATIC WITHDRAWALS<sup>2</sup> (PAW / SWIP<sup>3</sup>) - Variable and Indexed Annuity

☐ Quarterly ☐ Semi-Annually

■ Monthly

anniversary date).
Withdrawal Mode:

■ Annually

PAYMENT INSTRUCTIONS									
[	☐ Yes	Please withdraw \$15.00 from my account and express mail the check to the address indicated below. I understand that this constitutes a distribution from my account and the company will withhold the appropriate amount for federal income taxes (if withholding is elected.) Express fees may change based on mailing address but currently will not exceed \$15.00. Please note: express mail will not be delivered to a PO Box.							
S	Select one:		Payment to Owner or both Joint Owners						
			Payment to third party or only one Joint Owner						
			Name:						
			SSN or Tax ID of Third Party Payee Named above:						
			Address of Third Party Payee:						
			*You must include the appropriate W-9 or W-8 for the Third Party Payee.						
S	Select one:		Use address of record for owner						
		0	Use address of Third Party Payee						
		0	Use alternate address						
☐ I want my funds sent electronically to my bank (EFT).  Please allow 3-5 business days for EFT to be received by your bank.									
PLEASE ATTACH A VOIDED CHECK									
Routing Number:			Bank Account Number:						
*Foreign Individuals or Entities must provide the correct W-8; all others provide W-9.									

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 involved 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.

## Federal and State Tax Withholding

If you are not a United States citizen and you are also not a resident of the United States, then please provide to us with this form your IRS Form W-8. If you meet these criteria (not a US citizen and also not a US resident), then this section does not apply to you. The Company will determine the appropriate amount of federal tax withholding based on the information in your W-8. In most situations the Company is not required to withhold federal taxes. State tax withholding will not be applicable. You may skip to the signature section of this form.

The Company may be required to withhold income taxes on a payment to you. If below you elect to not have taxes withheld, then when you file your tax returns there is a possibility that you will owe more money than if you choose below to have taxes withheld. Each year-end we will report to you on an appropriate IRS form 1099R any taxes that we withheld during that year. Taxes withheld count as part of your total taxes paid when you file your tax returns.

Regarding federal taxes, you may not choose below <u>Do not withhold</u> if the payment will be made to an address (or to an account) in a foreign country. Furthermore, in certain situations a payment from your contract or policy is subject to an additional 10% tax when you file your federal tax return.

Regarding state taxes, some states require that withholding be done at a certain minimum rate. If below you do not make any tax withholding choices, or if your choice below is inconsistent with these rules, then in general the Company is required to choose for you instead a certain minimum rate of state tax withholding.

Please make your tax withholding choices below in the section that is applicable to your policy. You may change at any time the choices that you make below. Your choices will remain in effect until you notify us that you want to change them.

1) Tax Withholding for IRA's and Non-Qualified Annuities Only									
<ul><li>a. Federal income taxes</li><li>☐ Withhold 10%</li></ul>	□ Withhold \$	or%	☐ Do not withhold						
b. State income taxes  Withhold \$	or%	☐ Withhold as required by my state	☐ Do not withhold						
2) Tax Withholding for 401(k), 403(b), or 457 Annuities Only									
<ul><li>a. Federal income taxes</li><li>☐ Withhold 20%</li></ul>	☐ Withhold \$	or% (cannot be les	ss than 20%)						
b. State income taxes  ☐ Withhold \$	%	☐ Withhold as required by my state	☐ Do not withhold						

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 payees. If your request does not include a notarization, we will process your request as a check to the address of record.							
		NOTARY PUBLIC S	EAL STAMP HERE:				
Notary Public Signature	Date						
Title							
Social Security Number (SSN) or Taxpayer Identifica	tion Number (T	TIN)					
This section applies to you if you are either 1) a US citized following space please enter your Social Security Number (TIN), then pleas	er (SSN)	If you do no					
<ul> <li>Under penalties of perjury, I certify that:</li> <li>The SSN or TIN above is correct.</li> <li>I am not subject to backup withholding because am subject to backup withholding due to failure subject to backup withholding.</li> <li>I am a US Citizen or a US resident alien.</li> <li>(This statement only applies to entities. If you a when you sign this form below you are not making indicate an exemption from FATCA reporting are</li> </ul>	to report all inte re an individual, ng a certification	rest and dividends, or (c) the IRS has not then this statement does not apply to yo	ified me that I am no longer  u. If you are an individual, then				
You should strike through above any of the first three sta payments to you if you are subject to backup withholding	tements that do	not apply to you. The Company is requi	red to withhold taxes on certain				
Your federal tax classification (if you are not an individual Single-member LLC  ☐ C Corporation or S Corporation ☐ Parent/Estate	al):	FATCA code(s): If you are an entity, th below. The IRS instructions (per the IR these codes. If you are an individual, th codes below:	S web address below) explains nen you should not fill-in any				
<ul><li>☐ Trust/Estate</li><li>☐ LLC classified as a C Corporation or a S Corporation</li></ul>	ı	Exempt Payee Code:					
<ul><li>☐ LLC classified as Partnership</li><li>☐ Other (explain)</li></ul>	Exemption from FATCA Reporting Code (if any): _		e (if any):				
Please consult your tax advisor regarding any questions this form, please provide the above for both signatories. <a href="https://www.IRS.gov/forms-instructions">www.IRS.gov/forms-instructions</a> .	that you may h There are addi	ave about this certification. If there are material instructions regarding this substituted.	ore than one US signatories on e form W-9 at				
Except if you have provided to us an IRS form W-8, whe for any above that you strike through). The IRS regulation certifications do not extend to any of the Company's admits a company of the Company's admits a company of the Company's admits a company of the Co	ons that require	you as a US citizen or a non-citizen resid	d certifications above (except ent of the US to make these				
SIGNATURES:  By signing below I authorize the Company to a  Lost Contract Statement: I certify agree to surrender it to the Company	that this con	tract has been lost or destroyed.	If it is found later, I				
Owner's Signature	Date	Joint Owner's Signature	Date				
<sup>1</sup> Not authorized in New York							

Not authorized in New York
 For Indexed annuities only, withdrawals from any indexed account will receive no indexed interest for the contract year in which they occur.
 Only available for contracts beginning with NV or VA.