Beneficiary Information Request

Use this form for initial beneficiary designations.

Protective Life Insurance Company¹ West Coast Life Insurance Company¹ Protective Life and Annuity Insurance Company Post Office Box 1928 / Birmingham, AL 35201-1928 Toll Free: 800-456-6330 / Fax: 205-268-6479

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:

Beneficiary Type:	Name:	Social Security Number:		
(select one)	Address:			
Primary		Telephone Number:		
Contingent	Relationship to Owner:	(select one) 🗖 Spouse 🗖 Non-spouse	Percentage:	%
Beneficiary Type:	Name:	Social Security Number:		
(select one)	Address:			
Primary	Date of Birth:	Telephone Number:		
Contingent	Relationship to Owner:	(select one) 🗖 Spouse 🗖 Non-spouse	Percentage:	%
Beneficiary Type:	Name:	Social Security Number:		
(select one)	Address:			
Primary	Date of Birth:	Telephone Number:		
Contingent	Relationship to Owner:	(select one) 🗖 Spouse 🗖 Non-spouse	Percentage:	%
Beneficiary Type:	Name:	Social Security Number:		
(select one)	Address:			
Primary		Telephone Number:		
Contingent	Relationship to Owner:	(select one) 🗖 Spouse 🗖 Non-spouse	Percentage:	%
Beneficiary Type:	Name:	Social Security Number:		
(select one)	Address:			
Primary	Date of Birth:	Telephone Number:		
Contingent	Relationship to Owner:	(select one) 🗖 Spouse 🗖 Non-spouse	Percentage:	%
Beneficiary Type:	Name:	Social Security Number:		
(select one)	Address:			
Primary		Telephone Number:		
Contingent	Relationship to Owner:	(select one) 🗖 Spouse 🗖 Non-spouse	Percentage:	%
SPECIAL INSTRUCTI				

SIGNATURES:

Owner's Name (please print)

Owner's Signature

Date

Joint Owner's Name (please print)

¹ Not authorized in New York

Joint Owner's Signature

Date

Date

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