

**PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY
PROTECTIVE LIFE INSURANCE COMPANY ¹**

**P.O. Box 830619
Birmingham, AL 35283-0619**

POLICY CHANGE NON-EVIDENCE

SECTION I – Policy and Insured Information

Policy Number: _____

1. INSURED

Name (First, Middle, Last)		Gender	Birthdate	Birth State
Marital Status	Driver's License No. & State		Social Security No./Tax ID No.	
Home Phone Number	Work Phone Number		Cell Phone Number	
Address (Street, City, State, Zip Code)		Time at Residence	Email Address	

2. OWNER (If other than Insured)

Name		Birthdate
Relationship to Insured	Social Security No./Tax ID No.	Phone Number
Address (Street, City, State, Zip Code)		Email Address

SECTION II – Type of Change / Action Being Requested

1. DEATH BENEFIT OPTION CHANGE

Check one: Level to Increasing Increasing to Level

2. FACE AMOUNT DECREASE

(A full application is required for a face amount increase. Plan selection may be limited by product face amount ranges and state approval.)

OPTION	BY AMOUNT	FOR TOTAL FACE AMOUNT OF	PREMIUM AMOUNT
<input type="checkbox"/> Decrease Base Policy	\$ _____	\$ _____	\$ _____

3. BENEFIT AND RIDER CHANGES

	DELETE	DECREASE	AMOUNT
Accidental Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Child Rider	<input type="checkbox"/>	NOT AVAILABLE	
Death Benefit Plus Rider _____%	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Disability Benefit (Universal Life Only)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Enhanced Cash Surrender Value Rider	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Estate Protection Endorsement (Survivorship Plans Only)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
ExtendCare Rider or Chronic Illness Accelerated Death Benefit	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Income Provider Option	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Protected Insurability Rider	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Return of Substandard Charges Option (ROSCO)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Waiver of Premium (Non-Universal Life Only)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

SECTION III - Signatures

FRAUD WARNING: Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties according to state law.

CALIFORNIA ONLY: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines in state prison.

Owner Signature _____ Date _____ Witness Signature _____ Date _____

¹ Not licensed in New York