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 Se	Social Security No./Tax ID No.		
	Home Phone Number	Work Phone Number		Cell Pho	Cell Phone Number		
	Address (Street, City, State, Zip Code)	Time at Residence		ce Email Ad	Email Address		
2.	. OWNER (If other than Insured)						
	lame			Birthdate			
	Relationship to Insured	Social Security No./Ta	Phone N	Phone Number			
	Address (Street, City, State, Zip Code)		Email Ad	Email Address			
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3EC	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			CE AMOUNT	OUNT OF PREMIUM AMOUNT		
	Decrease Base Policy \$		\$		\$		
3.	BENEFIT AND RIDER CHANGES			DELETE	DECREASE	AMOUNT	
	Accidental Death Benefit					\$	
	Child Rider					VAILABLE	
	Death Benefit Plus Rider%					\$	
	Disability Benefit (Universal Life Only)				<u> </u>	\$	
	Enhanced Cash Surrender Value Rider				<u> </u>	\$	
	Estate Protection Endorsement (Survivors				<u> </u>	\$	
	ExtendCare Rider or Chronic Illness Accelerated Death Benefit Income Provider Option					\$	
	Protected Insurability Rider					\$	
	Return of Substandard Charges Option (ROSCO)					\$ \$	
	Waiver of Premium (Non-Universal Life Only)					\$ \$	
		····y/					
	Other:			L		\$	

SECTION III - Signatures

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.

Owner Signature

Date

¹Not licensed in New York

APPLICATION ENDORSEMENT

This Endorsement is part of the Application to which it is attached to replace the fraud notice with the following:

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 and confinement in state prison.

Signed for the Company as of the Effective Date, which is the Date of the Application. PROTECTIVE LIFE INSURANCE COMPANY

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Felicia M. Lee Secretary