

Protective Life Insurance Company*
Protective Life and Annuity Insurance Company

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PO Box 1928, Birmingham AL 35201-1928
Email: CIAnnuities@protective.com

Beneficiary Change
Annuity Service Form

Owner's Name: _____

Contract Number: _____

Please note: it is important to review your beneficiary designations periodically and after any major life events. Please refer to your contract and where applicable to the product prospectus for more information about Beneficiaries and Death Claims.

Please reach out to your financial professional or estate planner if you have any questions related to your beneficiary designations. If you would like to indicate the terms of an annuity claim payout, please complete and return the **Pre-Determined Death Benefit Payout Election Form RET-1153**.

If you are adding, changing, or removing an **Irrevocable Beneficiary**:
please use the **Irrevocable Beneficiary Form RET-2404**.



View your contract details online: myaccount.protective.com.

Section 1: Change of Beneficiary

Unless otherwise indicated, the right to change the beneficiary is reserved by the owner(s). Please list all intended Beneficiaries (both Primary and Contingent, if applicable). The new designation cancels all previous designations, subject to the rights of any existing assignment. Changes will take effect when we receive and record the change at our home office, as of the date the form is signed. However, any action taken by us before such change is received and recorded will remain valid.

Please use whole percentages, designations must equal 100% for Primary Beneficiaries and 100% for Contingent Beneficiaries, if applicable. If more space is needed, make a copy of page 2 and attach the additional pages to this form. A spouse's consent may be required, if applicable.

- **For contracts with a Protected Lifetime Income Benefit: if the Benefit Election date is set for Joint Life, a change in the primary beneficiary will terminate the rider.**
- *For Custodially owned contracts, the Beneficiary must be the Custodian, 100%.*
- *For jointly owned annuities, the Primary Beneficiary will be the Surviving Owner, 100%.*
- *If a trust is being named, indicate the full name of the trust and the date it was established and include a copy of the Trustee Certificate or the trust document (including trust name, trustee's name, trust date, tax ID and trustee's signature).*

I (We) revoke all existing designations and settlement agreements, if any, and request that the Company change the beneficiary of the Contract referenced above as follows:

*Protective Life Insurance Company is not licensed in New York.

Contract Number: _____

Beneficiary Type:	☐ Primary	☐ Contingent	Percentage:	_____ %
Relationship to Owner:	☐ Spouse	☐ Non-Spouse	Designation:	☐ Per Stirpes
Name: _____				
Social Security/TIN #: _____		Address: _____		
Date of Birth/Date of Trust: _____		City: _____		
Phone Number: _____		State: _____		Zip: _____

Beneficiary Type:	☐ Primary	☐ Contingent	Percentage:	_____ %
Relationship to Owner:	☐ Spouse	☐ Non-Spouse	Designation:	☐ Per Stirpes
Name: _____				
Social Security/TIN #: _____		Address: _____		
Date of Birth/Date of Trust: _____		City: _____		
Phone Number: _____		State: _____		Zip: _____

Beneficiary Type:	☐ Primary	☐ Contingent	Percentage:	_____ %
Relationship to Owner:	☐ Spouse	☐ Non-Spouse	Designation:	☐ Per Stirpes
Name: _____				
Social Security/TIN #: _____		Address: _____		
Date of Birth/Date of Trust: _____		City: _____		
Phone Number: _____		State: _____		Zip: _____

Beneficiary Type:	☐ Primary	☐ Contingent	Percentage:	_____ %
Relationship to Owner:	☐ Spouse	☐ Non-Spouse	Designation:	☐ Per Stirpes
Name: _____				
Social Security/TIN #: _____		Address: _____		
Date of Birth/Date of Trust: _____		City: _____		
Phone Number: _____		State: _____		Zip: _____

Contract Number: _____

Beneficiary Type:	☐ Primary	☐ Contingent	Percentage:	_____ %
Relationship to Owner:	☐ Spouse	☐ Non-Spouse	Designation:	☐ Per Stirpes
Name: _____				
Social Security/TIN #: _____		Address: _____		
Date of Birth/Date of Trust: _____		City: _____		
Phone Number: _____		State: _____	Zip: _____	

Beneficiary Type:	☐ Primary	☐ Contingent	Percentage:	_____ %
Relationship to Owner:	☐ Spouse	☐ Non-Spouse	Designation:	☐ Per Stirpes
Name: _____				
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Beneficiary Type:	☐ Primary	☐ Contingent	Percentage:	_____ %
Relationship to Owner:	☐ Spouse	☐ Non-Spouse	Designation:	☐ Per Stirpes
Name: _____				
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Date of Birth/Date of Trust: _____		City: _____		
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Relationship to Owner:	☐ Spouse	☐ Non-Spouse	Designation:	☐ Per Stirpes
Name: _____				
Social Security/TIN #: _____		Address: _____		
Date of Birth/Date of Trust: _____		City: _____		
Phone Number: _____		State: _____	Zip: _____	

Contract Number: _____

For CA policy/contract holders

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.

Section 2: Signatures		
Spousal Signature (if applicable)		
For Community Property States: If the Owner or Participant (if other than Owner) resides in a Community Property State, we recommend that the spouse of the Owner or Participant (as applicable) join in signing this form. This is for the protection of both parties. For ERISA Plans: I hereby consent to the request as stated above. I understand that a spouse is guaranteed certain rights to assets in this retirement account by federal law and that these include the right to a pre-retirement survivor's annuity and a joint and survivor annuity and that these rights could be diminished by change to the contract. ☐ Participant has no legal spouse.		
Print Spouse's Name	Spouse's Signature	Date
Plan Administrator Signature - For TSA / 403b Plans		
By signing below, the Owner(s), Participant and Plan Administrator hereby certify that the information provided in this request is complete and accurate and understand that this request will be processed according to the information provided. If there is any inconsistency between the language in this form and the language in the contract, the language in the contract will take precedence.		
Name of Participant (if other than the Owner)	Participant Signature	Date
Name of Plan Administrator	Plan Administrator Signature	Date
Owner's Signature(s)		
Owner's Signature		Date
Joint Owner's Signature (if applicable)		Date