

Protective Life Insurance Company*
Protective Life and Annuity Insurance Company

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**Ownership Change
Annuity Service Form**

Owner's Name: _____

Contract Number: _____

Please complete the applicable section(s) and return all pages of this form.



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

Section 1: IMPORTANT FOR OWNERSHIP CHANGE REQUESTS

OWNERSHIP CHANGES MAY CREATE A TAXABLE EVENT. PLEASE CONSULT A TAX ADVISOR PRIOR TO MAKING ANY CHANGES TO YOUR CONTRACT.

Per Rev. Proc. 2011-38, ownership changes within 180 days of a partial 1035 exchange may cause additional taxable income to be recognized related to the contracts involved in the exchange.

Section 2: Change of Ownership

Some contracts place limits on ownership changes or limit the benefits available following a change of ownership. Please consult with your Financial Professional and qualified tax advisor before making any changes to the contract. The new Ownership designation cancels all previous designations, and the new address will replace the existing address on record. **For TSA/403b Qualified Plans:** please check with your Plan Administrator regarding and applicable restrictions.

Current Owner(s) – Current Owner(s) must sign this form in Section 5.

I (We) request that all benefits, rights, and privileges incident to ownership of the above referenced Contract be vested in the new Owner(s) named below. I (We) have the right to transfer the ownership of this Contract. No proceedings of bankruptcy have been instituted by or against me (us).
I (We) am (are) not under guardianship. This contract does not have a collateral assignment.

New Owner(s) – New Owner(s) must sign in Section 2. Please complete the information below and indicate your Beneficiary designation in Section 4. If the new Owner is a Trust: 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). **Joint Owners are allowed on Non-Qualified Contracts only.**

Print Full Legal Name of New Owner:

Print Full Legal Name of New Joint Owner:

Social Security Number
Or Tax ID:

Social Security Number
Or Tax ID:

Date of Birth:

Sex:

Date of Birth:

Sex:

Citizenship: ☐ U.S Citizen

☐ Not a U.S. Citizen – Country of Residence:

Citizenship: ☐ U.S Citizen

☐ Not a U.S. Citizen – Country of Residence:

Contract Number: _____

Physical Address:		
Mailing Address (if different than above):		
Joint Owner's (if different than above):		
Telephone Number:		Email:
New Owner's Signature:		Date:
New Joint Owner's Signature:		Date:
Section 3: Change of Annuitant - Only available on certain products; see Contract for provisions.		
If allowed, Annuitant changes can be made at any time prior to the Annuity Commencement Date. The annuitant may not be changed if the contract owner is a non-natural person.		
Print Full Legal Name of New Annuitant:		Social Security Number Or Tax ID:
Date of Birth:	Sex:	Telephone Number:
Address:		
New Annuitant's Signature:		Date:
Section 4: 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 3 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. • <i>For Custodially owned contracts, the Beneficiary must be the Custodian, 100%.</i> • <i>For jointly owned annuities, the Primary Beneficiary will be the Surviving Owner, 100%.</i> • <i>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> 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:		

Contract Number: _____

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

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 5: 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