

Protective Life & Annuity Insurance Company

Life and Health Insurance Administration

P.O. Box 12687

Birmingham, AL 35202-6687

Policy Number: _____

Insured's Name: _____ Owner's Name: _____

AUTOMATIC PREMIUM LOAN (if available)

The Automatic Premium Loan Provision is to be:

_____ Effective

_____ Ineffective

SIGN HERE FOR THE ABOVE REQUEST

Protective Life and Annuity Insurance Company agrees that, if the policy requires endorsement or amendment for the above requested change(s), recording and mailing a copy of this form will constitute such endorsement or amendment.

Any person who knowingly and 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 is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Witness

Owner's Signature
(Provide title if officer of corporation)

Date

Assignee

Date

Witness

Owner's Signature
(Provide title if officer of corporation)

Date

Assignee

Date

The above requested change (s) has (have) been approved and recorded by Protective Life and Annuity Insurance Company at its Home Office on _____.

Registrar

Protective Life and Annuity Insurance Company

Protective Life & Annuity Insurance Company

Life and Health Insurance Administration

P.O. Box 12687

Birmingham, AL 35202-6687

Policy Number: _____ Insured's Name: _____

SIGNATURE REQUIREMENTS

1. Please complete the forms in BLACK ink to ensure that they are legible for processing.
2. If the Policy is assigned, the Assignee must also sign or complete a release of assignment form.
3. If the Owner resides in a Community Property State, we recommend that the Owner's spouse join in signing this form. This is for the protection of both parties.
4. If the Policy is owned by a partnership, association or company, this form should be signed by an officer other than the Insured.
5. If the Policy is owned by a corporation, this form must be signed by an officer other than the Insured and that signature must be attested by the Secretary of the corporation or two officers should sign. If there is only one corporate officer, please advise us on this form.
6. Signatures must be witnessed by a disinterested party of legal age.

Request for Automatic Premium Loan Provision Change (Must return ALL pages) – Page 2 of 2