

**Protective Life Insurance Company**  
Life and Health Insurance Administration  
P.O. Box 12687  
Birmingham, AL 35202-6687



Policy Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

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**AUTOMATIC PREMIUM LOAN (if available)**

The Automatic Premium Loan Provision is to be:

\_\_\_\_\_ Effective

\_\_\_\_\_ Ineffective


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**SIGN HERE FOR THE ABOVE REQUEST**

Protective Life 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.

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

\_\_\_\_\_  
Registrar

  
\_\_\_\_\_  
Assistant Vice President

\_\_\_\_\_  
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

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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.

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