

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

DESIGNATION OF BENEFICIARY AND MODE OF SETTLEMENT

Provisions applicable to the proceeds of Policy Number _____ on the life of _____.

The undersigned hereby requests that the aforesaid proceeds (or portion of the proceeds) of the said Policy be paid upon receipt of proof of the Insured's death to the beneficiaries and in the manner as follows:

SECTION I: DESIGNATION OF BENEFICIARY

Class	Name	Address/Phone #	SSN/Tax ID	Relationship	Date of Birth
Primary Beneficiary:					
Contingent Beneficiary:					
Final Beneficiary (in one sum):					

SECTION II: MODE OF SETTLEMENT

(Please "X" appropriate blocks for Mode of Settlement elected.) **Settlement with Beneficiary:** The proceeds shall be paid to Beneficiary, if surviving the insured, in the following manner:

In One Sum

- Option (1), Installments for _____ years
- Option (2), Life Income, _____ years certain
- Option (3), Retained at Interest _____
- Option (4), Installments of \$ _____ each until proceeds are exhausted.

If Option (3) or (4) has been elected,

- Automatically change on _____
- Permit beneficiary to change within _____ months after Insured's death to Option _____ for the proceeds then remaining unpaid.

Interest or installment payments to be made: Annually Semi-Annually Quarterly Monthly

Right of beneficiary to commute or withdraw:

- None
- Unlimited
- Limit as follows: _____

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POLICY NO: _____

INSURED'S NAME: _____ OWNER'S NAME: _____

SIGN HERE FOR CHANGE OF BENEFICIARY REQUEST(S)

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

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

Owner Current Address

Owner Daytime Telephone

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

Owner Current Address

Owner Daytime Telephone

Protective Life Insurance Company has approved and recorded the change requested above on _____.

Registrar

Protective Life Insurance Company

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Designation Information:

Beneficiary - All beneficiary changes MUST include the designation of a primary beneficiary. Even if you only want to change the contingent beneficiary, you must confirm the primary beneficiary. If you wish to designate more than five individuals as primary or contingent beneficiaries, attach a signed and dated sheet listing the additional beneficiaries including all details requested in this form and identifying their role as a primary or contingent beneficiary.

Custodian under the Uniform Transfers to Minors Act (UTMA) acting for a minor beneficiary (Note: Only one Custodian per minor beneficiary)

Name of Custodian as Custodian for Name of Minor under the State UTMA Phone Number Permanent Address of Custodian City State Zip SS#

Designation information

Corporate, Partnership, Trust Owned

Please sign as shown below:

Trust Owned: Signatures, followed by the word "Trustee", of all required Trustees.

Corporate/Partnership Owned: Signature and title of one authorized officer (other than Insured)

Limited Liability Company (LLC): Signature and title of one authorized individual (other than Insured)

Sole Proprietorship Owned: Signature of Owner, followed by the title "Sole Owner"

If the beneficiary is changing to a trust, please submit a copy of the Certificate of Trust or the Trust Agreement.

Any designation referencing children of the Insured shall be construed to mean such lawful (including those living, born later or legally adopted) children of the Insured as shall survive the Insured, unless otherwise limited by me in this request.

Please choose your delivery method below:

By receiving your confirmation via secure email, you avoid the delay in the time to receive via US Mail and the possibility of it being lost in the mail. You do not have to have an online account with a user ID on Protective.com in order to receive email confirmation. It is sent directly to you via secure email encryption.

If our email acknowledgement is returned undeliverable or if you elect not to provide your email address, the acknowledgement will be sent via US Postal Service First Class Mail to the address of record.

Email: _____

If you wish to receive our acknowledgement via fax, please provide your fax number, including the area code. Fax Number including area code: (_____)_____

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 does not have to sign.
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.