

**Protective Life & Annuity Insurance Company**

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

<b>Policy Number:</b>	<b>Insured(s):</b>
<b>Owner(s):</b>	

**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: \_\_\_\_\_

Policy No: \_\_\_\_\_

**SIGN HERE FOR THE ABOVE REQUEST(S)**

***Please read the Signature Requirements to avoid a delay in processing.***

Protective Life & Annuity 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.

**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 Signature  
(Provide title if officer of corporation)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Current Address

\_\_\_\_\_  
Owner Daytime Phone

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Owner Signature  
(Provide title if officer of corporation)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Current Address

\_\_\_\_\_  
Owner Daytime Phone

Policy No: \_\_\_\_\_

**Designation Information:**

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 spreadsheet listing the additional beneficiaries including all details requested in this form and identifying their role as a primary or contingent beneficiary.

**Naming Custodian for Minor Child**

*When naming a custodian for a minor child, please use the following verbiage:*

(Name of Custodian) as custodian for (Name of Minor Child) under the (state in which child resides) Uniform Transfers to Minors Act.

**Note:** Only one Custodian per minor beneficiary

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:**

Please provide your email address to receive confirmation of this change via secure email. A confirmation will be sent directly to you and no login or account information will be required for you to access it.

If you elect to provide your email address or the email address you provide is returned undeliverable, the acknowledgement will be sent via fax, please provide your fax number, including the area code.

**Email:** \_\_\_\_\_

If you wish to receive our acknowledgement via fax, please provide your fax number, including the area code.

**Fax Number including area code:** \_\_\_\_\_

<b><i>Signature Requirements</i></b>
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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 corporation, partnership, association or company, this form should be signed by an Officer other than the Insured. The title of the Officer signing the form must also be included. If the Insured is the only officer of the company, please give us a signed statement to that effect on company letterhead.
5. If the policy is trust owned, please send a full copy of the Certificate of Trust or the sections of the trust that indicate the title of the trust, pages that list that Trustee/Co-Trustees/Successor Trustees, trustee rights, any pages pertaining to the Life Insurance policy and the signature page. All applicable Trustees must sign.
6. If signing this form on behalf of the policy owner, please send ALL pages of the POA, Guardianship/Conservator paperwork, or other legal documentation. The POA/Guardian, etc. must sign their own name with the appropriate title behind their signature.
7. Signatures should be witnessed by a disinterested party of legal age.