

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

POLICY NO: _____

INSURED'S NAME: _____

OWNER'S NAME: _____

**INSURANCE & ANNUITY
CHANGE OF INVESTMENT DEALER AUTHORIZATION
AND/OR BROKER OF RECORD CHANGE AUTHORIZATION**

Please consider this letter as authorization to change the investment dealer on my (our) annuity/insurance with Protective Life Insurance Company on contract/policy number _____ as follows:

Old Broker Dealer's Name: _____

New Broker Dealer's Name: _____

The broker of record on the annuity/insurance should be _____
(Investment Broker's Name)

My (our) present address on the contract/policy is as follows:

Street: _____

City, State, Zip: _____

SIGN HERE FOR THE ABOVE REQUEST

Owner

Date

Owner's Current Address

Owner's Daytime Telephone Number