

Protective Life and Annuity 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 and Annuity Insurance Company. My contract/policy number is _____.

Old Broker Dealer's Name: _____

New Broker Dealer's Name: _____

New Broker Dealer's Phone Number: _____

New Broker Dealer's Email Address: _____

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

Transfer Authorization – The company will not be held liable for any loss, liability, cost or expense for acting on instructions.

I/We authorize the Company to honor instructions from the Investment Broker to transfer account values among the investment options.

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

Street: _____

City, State, Zip: _____

SIGN HERE FOR THE ABOVE REQUEST

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.

Owner
(Provide title if officer of corporation)

Date

Joint Owner
(Provide title if officer of corporation)

Date

Owner's Current Address

Joint Owner's Current Address

Owner's Daytime Telephone Number

Joint Owner's Daytime Telephone Number