

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: _____

CONTINGENT OWNERSHIP

For good and sufficient consideration, receipt of which is hereby acknowledged, I (we) hereby convey, transfer, and set over absolutely in the event of my death to

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Soc. Sec. # or Tax I.D. #: _____ Date of Birth: _____

Owner's Phone #: _____

all of my (our) right, title and interest in and to the policy together with all of my (our) powers, privileges, benefits, and advantages provided in said policy or derived there from subject to all the terms and conditions of the control provision of the policy and any indebtedness thereon.

I (we) understand that if more than one owner is named above, the policy will be owned jointly by all those named, or owned by the survivor (s) of them. If no owner survives, then the estate of the last owner to die shall be the owner. Where there is more than one owner, all ownership rights must be exercised jointly.

I (we) warrant that I (we) have the right to transfer ownership of the policy and that no proceedings in bankruptcy, voluntary or involuntary, have ever been instituted by or against me (us) and that I (we) am (are) not under guardianship or any legal disability.

Signature of Contingent Owner: _____

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.

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

Owner's Daytime Phone Number _____ Owner's Social Security Number/Tax ID _____

Witness Signature _____ Witness – Print Name _____ Date _____
Disinterested Party of Legal Age

Assignee Signature _____ Assignee _____ Date _____
(Provide title if office signing)

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

Registrar

Protective Life Insurance Company

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Life and Health Insurance Administration
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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)

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

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: (_____)_____.

Please read the following SIGNATURE REQUIREMENTS to avoid delay in processing

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. Please indicate your status as a spouse or owner on the above signature line.
4. If the Policy is owned by a partnership, association or company, this form should be signed by an officer other than the Insured. If the entity is incorporated, two officers should sign the form, neither of who should be the insured. If there is only one corporate officer for an incorporated entity, please advise us on the form.
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.