

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

**Policy Number:** \_\_\_\_\_

**Insured's Name:** \_\_\_\_\_ **Owner's Name:** \_\_\_\_\_

**NAMING CO-OWNER**

For good and sufficient consideration, receipt of which is hereby acknowledged, I (we) hereby convey, transfer, and set over absolutely to the party (parties) named below all of my (our) right, title and interest in and to the policy identified below 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.

Policy to be Amended

Policy Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

New Co-Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Soc. Sec # or Tax I.D. #: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

Date of Birth, if Applicable: \_\_\_\_\_

Date of Trust, if Applicable: \_\_\_\_\_

Signature of Co-Owner: \_\_\_\_\_

New Co-Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Soc. Sec # or Tax I.D. #: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

Date of Birth, if Applicable: \_\_\_\_\_

Date of Trust, if Applicable: \_\_\_\_\_

Signature of Co-Owner: \_\_\_\_\_

**Please select ONE (1) form of co-ownership below to govern the ownership provisions of the policy.**

**ELECTION OF JOINT OWNERSHIP.** I (we) understand that if joint ownership is elected and more than one owner is named above, the policy will be owned jointly by all those named. Where there is more than one owner, all ownership rights must be exercised jointly. Pursuant to this election of joint ownership, upon death of a Co-Owner, ownership of the policy will remain with the surviving Co-Owner(s), and, if no Co-Owner survives, then the estate of the last Co-Owner to die shall be the owner of the policy.

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**ELECTION OF OWNERSHIP IN COMMON.** I (we)

understand that if common ownership is elected and more than one owner is named above, the policy will be owned jointly by all those named. Where there is more than one owner, all ownership rights must be exercised jointly. Pursuant to this election of common ownership, upon death, ownership of the policy will pass to the deceased Co-Owner's legal heirs, unless such Co-Owner has made a valid designation of a contingent Co-Owner with respect to his or her rights under the policy as set forth below.

**DESIGNATION OF CONTINGENT CO-OWNER.** In making this designation of Contingent Co-Owner, we understand that the Contingent Co-Owner identified below, rather than my legal heirs, will receive my ownership rights in the policy upon my death.

Contingent Co-Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Soc. Sec # or Tax I.D. #: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

Date of Birth, if Applicable: \_\_\_\_\_

Date of Trust, if Applicable: \_\_\_\_\_

Signature of Contingent Co-Owner: \_\_\_\_\_

Name of Co-Owner making designation: \_\_\_\_\_

Signature of Co-Owner making designation: \_\_\_\_\_

Contingent Co-Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Soc. Sec # or Tax I.D. #: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

Date of Birth, if Applicable: \_\_\_\_\_

Date of Trust, if Applicable: \_\_\_\_\_

Signature of Contingent Co-Owner: \_\_\_\_\_

Name of Co-Owner making designation: \_\_\_\_\_

Signature of Co-Owner making designation: \_\_\_\_\_

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**SIGN HERE FOR THE ABOVE REQUEST  
MUST BE SIGNED BY ALL CO-OWNERS**

Protective Life and Annuity 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.

**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's Signature (Provide title if officer of corporation)	Date
	_____	_____
	Assignee	Date
_____	_____	_____
Name of Payor If Different from New Owner	Address of Payor	Date

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

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Protective Life and Annuity Insurance Company

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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 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 whom should be the insured. If there is only one corporate officer for an incorporated entity, please advise us on this form.
5. Signatures should be witnessed by a disinterested party of legal age.