

Protective Life & Annuity Insurance Company

Life and Health Insurance Administration

P.O. Box 12687

Birmingham, AL 35202-6687

POLICY NO: _____

INSURED'S NAME: _____

OWNER'S NAME: _____

Change of Beneficiary for Covered Insured Rider: _____

I (we) hereby request that all previous beneficiary designations and directions for the Covered Insured Rider on the life of the above named Covered Insured issued under Policy be cancelled and that the proceeds of said rider upon the death of the Covered Insured be paid, in one sum, unless otherwise provided herein or in said rider as follows:

PRIMARY BENEFICIARY: (Print full names and relationships to the insured)

<u>Name</u>	<u>SSN/Tax ID</u>	<u>DOB</u>	<u>Address/Phone #</u>	<u>Relationship</u>	<u>%</u>	<u>Trust Date, If Applicable</u>
-------------	-------------------	------------	------------------------	---------------------	----------	--------------------------------------

If more than one beneficiary in a class is named, use percentages to indicate how proceeds are to be paid. If there are no percentages indicated, payment will be in equal shares to the surviving beneficiary(s) in the class. If percentages are indicated, then the share of any beneficiary who predeceases the Covered Insured will be paid to the surviving beneficiary(s). If there are no surviving primary beneficiary(s), then the proceeds will be paid to the contingent beneficiary(s). If there are no surviving contingent beneficiary(s), then the proceeds will be paid to the owner, his executors, administrators or assigns.

If a beneficiary is a minor at the time of death of the insured, it may be necessary to delay the payment of the death benefit until a court appoints a guardian of the estate of the minor. Before naming a minor as beneficiary, we recommend you consult an attorney about options, such as creating and naming a trust, making a designation under your state's Uniform Transfer to Minor's Act, or other beneficiary designations.

CONTINGENT BENEFICIARY: (Print full names and relationships to the insured)

<u>Name</u>	<u>SSN/Tax ID</u>	<u>DOB</u>	<u>Address/Phone #</u>	<u>Relationship</u>	<u>%</u>	<u>Trust Date, If Applicable</u>
-------------	-------------------	------------	------------------------	---------------------	----------	--------------------------------------

If more than one contingent beneficiary is named, use percentages to indicate how proceeds are to be paid. If there are no percentages indicated, payment will be in equal shares to the surviving contingent beneficiary(s). If there are no surviving contingent beneficiary(s), then the proceeds will be paid to the executors, administrators, or assigns of the owner.

DAY COMMON DISASTER CLAUSE IS REQUESTED (Maximum of 30 days): If any beneficiary shall die simultaneously with the Covered Insured or not be living on the ____ day following the death of the Covered Insured, payment shall be made to the beneficiary(s) as if such beneficiary so dying had not survived the Covered Insured.

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

POLICY NO: _____ INSURED'S NAME: _____

SIGN HERE FOR CHANGE OF COVERED BENEFICIARY REQUEST(S)

Protective Life and 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.

SIGN HERE FOR THE ABOVE REQUEST(S)

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

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
------------------	---	---------------

Owner Current Address

Owner Daytime Telephone

_____ Witness	_____ Owner's Signature (Provide title if officer of corporation)	_____ Date
------------------	---	---------------

Owner Current Address

Owner Daytime Telephone

Protective Life and Annuity Insurance Company has approved and recorded the change requested above on _____.

Registrar

Protective Life and Annuity Insurance Company

Protective Life & Annuity Insurance Company

Life and Health Insurance Administration

P.O. Box 12687

Birmingham, AL 35202-6687

Designation Information:

Beneficiary - 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 a signed and dated sheet listing the additional beneficiaries including all details requested in this form and identifying their role as a primary or contingent beneficiary.

Custodian under the Uniform Transfers to Minors Act (UTMA) acting for a minor beneficiary (Note: Only one Custodian per minor beneficiary)

Name of Custodian as Custodian for Name of Minor under the State UTMA Phone Number Permanent Address of Custodian City State Zip SS#

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)

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

If the beneficiary is changing to a trust, please submit a copy of the Certificate of Trust or the Trust Agreement.

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:

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: (_____)_____

SIGNATURE REQUIREMENTS

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 partnership, association or company, this form should be signed by an officer other than the Insured.
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.