

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

Policy:	
Insured:	Owner:

DIVIDENDS/COUPONS

___ OPTION CHANGE: Apply FUTURE ___ Dividends ___ Coupons as follows:
 ___ PAY IN CASH
 ___ PURCHASE PAID-UP ADDITIONS ___ ACCUMULATE AT INTEREST
 ___ REPAY POLICY LOAN ___ REDUCE PREMIUM
 (Note: For One Year Term Insurance Option, Use Policy Change Application)

___ WITHDRAWAL: I apply for withdrawal of ___ Dividends ___ Coupons as follows:
 (Clip and return coupons if attached to policy.)
 ___ Maximum amount of accumulations \$_____ of accumulations (if less than maximum amount)

No bankruptcy proceedings have been instituted by or against me (us) and no one other than I (us) has (have) any claim or interest on this policy.

Apply Withdrawn Amounts as Follows:

- Pay premiums due on Policy No. _____
- Reduce or repay loan on Policy No. _____
- Purchase paid-up additions (Evidence of insurability may be required.)
- Other _____

All checks will be made payable to the owner(s). If the policy has more than one owner, the disbursement will be split equally among all owners and will be mailed to each owner at the address we have on record for that owner. Please ensure that you review the signature requirements, which are located after the signature section of the form.

Check will be made payable to policyowner(s): _____

- If you would like to have the proceeds directly deposited to the owner's checking account; please attach a voided check. Direct Deposit is limited to \$50,000 per transaction.
PLEASE ATTACH AN ORIGINAL VOIDED CHECK

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Policy:	
Insured:	Owner:

SIGN HERE FOR THE ABOVE REQUEST(S)
Please read the Signature Requirements to avoid a delay in processing.

_____ Owner's Email Address	_____ Owner's Signature (Provide title if officer of corporation)	_____ Date
_____ Owner's Daytime Phone Number	_____ Owner's Social Security Number/Tax ID	
_____ Owner's Email Address	_____ Owner's Signature (Provide title if officer of corporation)	_____ Date
_____ Owner's Daytime Phone Number	_____ Owner's Social Security Number/Tax ID	
_____ Witness Signature Disinterested Party of Legal Age	_____ Witness - Print Name	_____ Date
_____ Assignee Signature (Provide title if officer of corporation)	_____ Assignee - Print Name	_____ Date

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 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 policy is owned by a corporation, this form must be signed by an officer other than insured and the signature must be attested by the Secretary of the corporation or two officers should sign.
5. Signatures should be witnessed by a disinterested party of legal age.
6. **A notarized signature is required by the owner(s) to mail a check to an address other than the address of record.**
7. **If the policy has multiples owners, a notarized signature is required by the owners if requesting to make the check payable to someone other than as indicated in the "Check will be made payable to" section.**