

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

Policy:	
Insured:	Owner:

DIVIDENDS/COUPONS

___ 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: Dividends ___ Endowments ___ Side Fund Withdrawal ___
 ___ 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 (we) 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Apply Withdrawn Amounts as Follows: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 _____

Please choose your method of payment below.

Check by Mail

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.

Check will be made payable to:

Electronic Fund Transfer (EFT): Direct Deposit is limited to \$100,000.

If you would like to have the proceeds directly deposited to the owner's checking account; please attach a voided check to this surrender form. Counter or beginner checks are not acceptable.

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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.

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'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, make sure all signatures are legible and return ALL pages.
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. The title of the officer signing should be included.
5. Signatures should be witnessed by a disinterested party of legal age.
6. A notarized signature is required by each owner to mail a check to an address other than the address of record.
7. If the policy has multiple owners, all owners' signatures are required. A notarized signature is required by each owner if requesting to make the check payable to owner(s) other than as indicated in the "Check will be made payable to" section.
8. If the policy is trust owned, please send the section of the trust that indicates the title of the trust, trustees rights, any pages pertaining to the Life Insurance policy and the signature page. All applicable trustees must sign.
9. If the POA, Legal Guardian or anyone with legal authority is signing this form, please send "ALL" pages of the document. All applicable signatures are required.
10. The completed "Taxpayer Identification Number and Certification" form is required from each owner for this distribution.