

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:** _____

CHANGE OF NAME

I (we) hereby request that the Company change its records to reflect that on _____ (Date), by reason of _____ (Marriage, Divorce, etc.), the name of the _____ (Owner) _____ (Insured) _____ (Other) _____ (If Other, Specify) was changed to _____ and that the new name be used in all premiums and other notices, where applicable. Name change requests for reasons other than marriage or divorce and Corporate name changes must also submit a certified copy of the official document effectuating change of name along with this completed form.

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

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

 Owner Current Address

 Owner Daytime Telephone

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

 Owner Current Address

 Owner Daytime Telephone

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

 Registrar

 Protective Life Insurance Company

Protective Life Insurance Company
Life and Health Insurance Administration
P.O. Box 12687
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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.