

**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:** \_\_\_\_\_

**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.*

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

\_\_\_\_\_  
Owner Current Address

\_\_\_\_\_  
Owner Daytime Telephone

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

\_\_\_\_\_  
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

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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.