

**Protective Life Insurance Company**

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

<b>Policy Number:</b>	<b>Insured(s):</b>
<b>Owner(s):</b>	

**NON-FORFEITURE OPTIONS**

I (we) hereby request that the cash value of the policy, less any existing indebtedness, be applied to purchase:

- ☐ Extended Term Insurance (if available)
- ☐ Reduced Paid-Up Insurance (if available): \$\_\_\_\_\_
- ☐ Pay up the policy leaving the loan (interest will continue)
- ☐ Pay up the policy without the loan

We are required to report taxable gains on policies with a pre-existing loan in which the Non-Forfeiture Option is processed to Extended Term or Reduced Paid Up Insurance. If it is determined that this policy has a taxable gain, you will receive an Income Tax Information letter, under separate cover, which will include the information that will be reported by us on Form 1099R at the end of the year.

**SIGN HERE FOR THE ABOVE REQUEST(S)**

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

Any person who knowingly 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 may be a crime and may subject such person to criminal and civil penalties according to state law.

California policy/contractholders: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

\_\_\_\_\_  
Owner Signature  
(Provide title if officer of corporation)

\_\_\_\_\_  
Owner Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature  
(Provide title if officer of corporation)

\_\_\_\_\_  
Owner Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature  
Disinterested Party of Legal Age

\_\_\_\_\_  
Witness Printed Name

Policy No: \_\_\_\_\_

<b><i>Signature Requirements</i></b>
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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 corporation, partnership, association or company, this form should be signed by an Officer other than the Insured. The title of the Officer signing the form must also be included. If the Insured is the only Officer of the company, please give us a signed statement to that effect on company letterhead.
5. If the policy is trust owned, please send a full copy of the Certificate of Trust or the sections of the trust that indicate the title of the trust, pages that list that Trustees/Co-Trustees/Successor Trustees, trustee rights, any pages pertaining to the Life Insurance policy and the signature page. All applicable Trustees must sign.
6. Signature should be witnessed by a disinterested party of legal age.