

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

Policy Number:	Insured(s):
Owner(s):	

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.

California policy/contract holders: 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.

SIGN HERE FOR THE ABOVE REQUEST(S)

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

_____ Owner Signature (Provide title if officer of corporation)	_____ Date	_____ Witness Signature
		_____ Witness Printed Name
_____ Owner Signature (Provide title if officer of corporation)	_____ Date	_____ Witness Signature
		_____ Witness Printed Name

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 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. Signatures should be witnessed by a disinterested party of legal age.