

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

WAIVER AND RELEASE OF ALL COMMUNITY PROPERTY RIGHTS

I hereby waive and release all community rights I may now have or may hereafter acquire in the policy; and I authorize Protective Life Insurance Company to deal with the policy as the separate property of the Owner. Any interest I may have as a designated beneficiary of the policy is not affected by this waiver.

I hereby acknowledge that a copy of this instrument has been delivered to me.

**Protective Life Insurance Company assumes no responsibility for the validity or legality of the foregoing waiver and release.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Spouse (or Former Spouse)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

**SIGNATURE REQUIREMENTS**

1. Please complete the form in BLACK ink to ensure that it is legible for processing.
2. Signatures must be witnessed by a disinterested party of legal age.