

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:** _____

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

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

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.