

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

POLICY NO: _____

INSURED'S NAME: _____

OWNER'S NAME: _____

Thank you for trusting Protective Life to help protect your financial future. The following form will allow you to make fund transfers and allocation changes to your Indexed Universal Life policy. If you have any questions, please contact us at 800-866-9933.

Indexed Universal Life Fund Transfer/Allocation Change Form

To allow us to process your request according to your preferences, please time it to arrive before the Monthly Anniversary date. Also, it must arrive:

- No earlier than 30 calendar days prior to the transfer
- No later than 4 p.m. (Eastern Time), 5 business days prior to the transfer

1. Request to Transfer Funds from the Fixed Account to the Indexed Account

Percentage (%) to be transferred: _____

Transfers from Fixed to Indexed Accounts will be processed on the next Monthly Anniversary after we receive the request. During the first Policy Year, transfers are not allowed. After a transfer from the Fixed Account, no additional transfers from the Fixed Account may occur within a 12 month period.

2. Request to Transfer Funds from the Indexed Account to the Fixed Account

Percentage (%) to be transferred: _____

Transfers from a Segment of the Indexed Account will be transferred to the Fixed Account on the Monthly Anniversary or next, following the Segment's Indexed Crediting Date.

3. Request to Change Future Premium Allocations between the Fixed and Indexed Accounts

New Allocation Percentages (%): Fixed Account _____% Indexed Account _____%

Allocation percentages must be in whole numbers and total 100%.

Allocation requests for future premiums are effective on the next Monthly Anniversary after we receive the request.

Mail Request to: Protective Life Insurance Company
P.O. Box 12687
Birmingham, AL 35202-6687
Fax Request to: 205-268-3402
E-mail Request to: LADPHS@Protective.com

For your convenience, you may also make a request by calling our toll-free Customer Service line at 800-866-9933 or by visiting www.protective.com.

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POLICY NO: _____ INSURED'S NAME: _____

SIGN HERE FOR THE ABOVE REQUEST(S)
Please read the Signature Requirements to avoid a delay in processing.

Witness	Owner's Signature (Provide title if officer of corporation)	Date
Owner Current Address		
Owner Daytime Telephone		

Witness	Owner's Signature (Provide title if officer of corporation)	Date
Owner Current Address		
Owner Daytime Telephone		

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.