

**USPS First Class Mailing Address:**  
**PROTECTIVE LIFE INSURANCE COMPANY**  
P.O. BOX 1854  
Birmingham, AL 35201-1854

**Business Address:**  
**PROTECTIVE LIFE INSURANCE COMPANY**  
2801 Hwy 280 South  
Birmingham, AL 35223

Annuity Service Center, Phone: 888-667-2145 (OPTION 1), Fax Number: (866) 442-3887, Web: schwabannuitycenter.protective.com

## BENEFICIARY DESIGNATION FORM

This form is for designating a beneficiary for an individual variable annuity contract.  
Elections for each beneficiary type, primary and contingent, must each equal 100%.

### Section 1: Owner Information

#### Primary Owner Detail

First Name MI Last Name Contract Number  
Non-Natural Owner Name\* (If applicable) TIN / SSN  
Email Address Primary Phone

#### Joint Owner Detail

First Name MI Last Name SSN  
Email Address Primary Phone

### Section 2: Beneficiary Information — Elections for each beneficiary type, primary and contingent, must each equal 100%.

#### Beneficiary #1

Percentage of Death Benefit **Select a beneficiary type:**  Primary beneficiary  Contingent beneficiary  
%  
*Must Indicate Full Percentages* First Name Middle Name Last Name (or name of entity)  
Relationship SSN/TIN Date of Birth (mm/dd/yyyy)  
Mailing Address City State Zip Code  
Email Address Primary Phone

#### Beneficiary #2

Percentage of Death Benefit **Select a beneficiary type:**  Primary beneficiary  Contingent beneficiary  
%  
*Must Indicate Full Percentages* First Name Middle Name Last Name (or name of entity)  
Relationship SSN/TIN Date of Birth (mm/dd/yyyy)  
Mailing Address City State Zip Code  
Email Address Primary Phone

First Name

MI

Last Name

Contract Number

**Section 2: Beneficiary Information**(Continued. If additional beneficiary records are needed, copy this page and number your elections.)

**Beneficiary #3**

Percentage of Death Benefit  
%

Select a beneficiary type:  Primary beneficiary  Contingent beneficiary

*Must Indicate Full Percentages*

First Name

Middle Name

Last Name (or name of entity)

Relationship

SSN/TIN

Date of Birth (mm/dd/yyyy)

Mailing Address

City

State

Zip Code

Email Address

Primary Phone

**Beneficiary #4**

Percentage of Death Benefit  
%

Select a beneficiary type:  Primary beneficiary  Contingent beneficiary

*Must Indicate Full Percentages*

First Name

Middle Name

Last Name (or name of entity)

Relationship

SSN/TIN

Date of Birth (mm/dd/yyyy)

Mailing Address

City

State

Zip Code

Email Address

Primary Phone

**Beneficiary #5**

Percentage of Death Benefit  
%

Select a beneficiary type:  Primary beneficiary  Contingent beneficiary

*Must Indicate Full Percentages*

First Name

Middle Name

Last Name (or name of entity)

Relationship

SSN/TIN

Date of Birth (mm/dd/yyyy)

Mailing Address

City

State

Zip Code

Email Address

Primary Phone

**Beneficiary #6**

Percentage of Death Benefit  
%

Select a beneficiary type:  Primary beneficiary  Contingent beneficiary

*Must Indicate Full Percentages*

First Name

Middle Name

Last Name (or name of entity)

Relationship

SSN/TIN

Date of Birth (mm/dd/yyyy)

Mailing Address

City

State

Zip Code

Email Address

Primary Phone

**Beneficiary #7**

Percentage of Death Benefit  
%

Select a beneficiary type:  Primary beneficiary  Contingent beneficiary

*Must Indicate Full Percentages*

First Name

Middle Name

Last Name (or name of entity)

Relationship

SSN/TIN

Date of Birth (mm/dd/yyyy)

Mailing Address

City

State

Zip Code

Email Address

Primary Phone

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Contract Number

**Section 3: Important Disclosures — By completing this form you acknowledge the following disclosure items**

- Subject to the terms of the Contract, this form will remove and replace all existing beneficiary designations and/or restricted payout elections.
- If the beneficiary is a minor at the time of the owner's death, additional information may be required to establish any payout options elected. Each state has different requirements and Protective Life Insurance Company will be required to comply with any such requirements.
- Some states require the spouse of the contract owner to sign off on beneficiary designations where they are not listed as 100% primary beneficiary. If changes to beneficiary(ies) are being made as a result of death, divorce, or marriage, Protective Life Insurance Company will require the necessary supporting documents such as death certificate, divorce decree, or marriage certificate. Federal Law defines the term "spouse" as individuals who are married under state law. States with known spousal consent requirements include, but are not limited to, AZ, CA, ID, LA, NV, NM, TX, WA, and WI.
- The elections on this form are not considered in force until received and processed by Protective Life Insurance Company.
- No election on this form supersedes the rights afforded by the product prospectus and/or the Contract to the Joint Owner.
- If you have elected Joint Guaranteed Annual Withdrawals you must name your spouse as 100% primary beneficiary.

**Section 4: Signatures**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date(mm/dd/yyyy)

\_\_\_\_\_  
Joint Owner Signature

\_\_\_\_\_  
Date(mm/dd/yyyy)

**Section 5: Spousal Consent** (required for any election where the spouse is not 100% primary unrestricted beneficiary)

I hereby waive any spousal rights I may have granted to me by the state in which we reside and acknowledge that I am not listed as the 100% primary beneficiary on this annuity contract. I authorize Protective Life Insurance Company to make any payments on the death of the owner of this contract in accordance with the elections provided within this document.

*NOTE: If not completed, depending on the laws of your state, a spousal beneficiary may have the option to void this election at the death of the contract owner.*

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date(mm/dd/yyyy)

**Return this form to:**

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