

**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 2 followed by Option 1, then Option 2), Fax Number: (866) 442-3887, Web: schwabannuitycenter.protective.com

## ONE-TIME WITHDRAWAL REQUEST FORM

Complete this form to request a Full or Partial Withdrawal from your annuity contract.

- All withdrawals require signatures from all owners of the contract.
- Surrender charges may apply to any full or partial surrenders of your annuity contract, please review the provisions of your contract prior to executing this request.
- Withdrawal checks will be mailed to the Owner's address of record, unless specified in Alternate Address section, which will require a notary.
- If you would like to complete a 1035 Exchange or Qualified Transfer to another provider, please submit an Acord 951 or 951e form.
- If you have elected to participate in a Guaranteed Lifetime Withdrawal Benefit rider this withdrawal may be considered an 'Excess Withdrawal'. Please review your contract carefully prior to executing this request.
- To obtain a personalized, transaction specific calculation showing the effect of an excess withdrawal from your GLWB rider and/or any applicable surrender charges please contact us at the number on the top of this form prior to executing a withdrawal request.

### Section 1: Contract Information

Contract Owner Name (or Trust Name)

Contract Number or Primary Owner's SSN (or TIN)

Co-Owner Name

Primary Phone

Owner's Email Address

Are you a U.S. Citizen? ☐ Yes ☐ No If No, please complete and attach a W-9 form with this request.

### Section 2: Withdrawal Options — Select the type of withdrawal you would like. Complete either Section 2a or 2b in its entirety (not both)

#### 2a: Full Withdrawal Options

☐ **Full Withdrawal**

I would like to surrender my contract. Pay me my contracts accumulated value.

Select One:

- ☐ I have enclosed the original annuity contract
- ☐ I have not enclosed the original annuity contract, as it has been lost or misplaced.

#### 2b: Partial Withdrawal Options

☐ **Partial Withdrawal**

Pay me a portion of my contracts accumulated value.

☐ 10% free amount - applicable only for contracts with a surrender charge.

☐ Amount Requested: \$ \_\_\_\_\_ ☐ Gross (default) ☐ Net  
Minimum withdrawal amount is \$500. Gross amount will be used unless net is selected above.  
The amount requested may be subject to a surrender charge and/or fees.

If the amount requested as a partial withdrawal reduces your annuity account value below the allowable threshold, this request will be treated as a full withdrawal request.

This withdrawal will be liquidated on a pro-rata basis among your active sub-accounts, unless you check the box below and designate specific sub-accounts with specific amounts or percentages. Percentages must be whole numbers and must total 100%.

☐ Liquidate by sub-account as listed below

Select one: ☐ % Percentage OR ☐ \$ Amount

Fund Name(s)

\$ OR %

_____	_____
_____	_____
_____	_____

Submit a Letter of Intent (LOI) with any additional fund information, if needed.

### Section 3: Delivery Options

Default delivery method is a check by regular mail sent to the owner's address of record. Allow 7-10 business days for default delivery.

Select an option below if you do not want delivery by regular mail.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Send Overnight</b> – A \$25 fee will be deducted from your withdrawal. Delivery must be a physical address and cannot be sent to P.O. boxes. | <input type="checkbox"/> <b>Send my funds by Wire or ACH to my bank account</b> — Complete Section 3a below - Banking Information  |
|  | <input type="checkbox"/> <b>Send a check by mail to a different address (Not the Address of Record) Notary is Required</b> — Complete Section 3b on Page 2 - Alternate Mailing Address |

#### 3a: Banking Information

- ☐ **Automated Clearing House (ACH)** — Include a voided check or bank information. Allow for 2-3 business days for receipt of funds by ACH.
- ☐ **Checking Account** — Include a pre-printed voided check for the receiving account, which includes the owner's name, checking account number and ABA routing number.
- ☐ **Savings Account** — Include a signed and dated letter on bank letterhead from the owner's financial institution with the receiving account information, which includes the owner's name, savings account number and ABA routing number.
- ☐ **Schwab Brokerage Account (ACH)** — \_\_\_\_\_ - \_\_\_\_\_ (Must match ownership registration for trust owned policies)
- ☐ **Wire Funds to my bank account** — A \$40.00 fee will be deducted from your withdrawal. Include a signed letter from your bank on bank letterhead, which includes your name, account number and wire instructions.

I hereby authorize Protective Life Insurance Company to direct deposit in the checking or savings account identified in this request. I hereby release and agree to indemnify and hold Protective Life Insurance Company harmless from any and all claims arising out of or in any way related to their actions in accordance with this authorization. I agree that Protective Life Insurance Company will have no further liability with respect to any payments made in accordance with this authorization. I, for myself, my heirs, executors, administrators, and assignees, do hereby consent and agree that any sums of money deposited to my account after my death shall be refunded to Protective Life Insurance Company for distribution to the person or persons, if any, entitled to those sums under the terms of the contract.

Section 3 Continued on page 3

### Section 3b: Alternate Mailing Address Information — Notary Required (Continued)

Provide the address you would like your withdrawal sent other than the Address of Record. Note: This option is not available for full surrender or alternate payees.

Please provide the reason for an alternate mailing address: \_\_\_\_\_

\_\_\_\_\_  
Alternate Mailing Address City State Zip Code

☐ The address provided above reflects a permanent address change, please update my account information accordingly.

If you selected your withdrawal to be sent to an Alternate Address (Not Address of Record). Please complete the Notarized Signature or Medallion Signature Guarantee section below.

\_\_\_\_\_  
Contract Owner Signature (or Trustee Signature) Date Co-Owner Signature (or Trustee Signature) Date

#### Statement of Notary

**NOTE: Notary seal must be visible, if applicable**

The consent to this request was subscribed and sworn (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_, by

\_\_\_\_\_  
Owner(s) name(s) proved to me on the basis of satisfactory evidence to be the person who appeared before me, who affirmed that such consent represents his/her free and voluntary act.

\_\_\_\_\_)   
Date State of \_\_\_\_\_) ss.

\_\_\_\_\_)   
Date County of \_\_\_\_\_)

SEAL

#### Medallion Signature Guarantee

A Medallion Signature Guarantee stamp may be obtained from your bank or trust company, broker-dealer, savings association or other financial institutions.

### Section 4: Income Tax Withholding Information

Review and complete Sections 4a and 4b carefully - consult a tax professional prior to making elections on this form.

If you elect not to have withholding apply to your distribution or if you do not have enough Federal Income Tax withheld from your distribution, you may be responsible for payment of estimated tax. You also may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Your election will apply only to this withdrawal and will not impact any future withdrawals with Protective Life Insurance Company. Amounts withdrawn prior to the date on which the owner (and joint owner) is/are age 59½ years may be subject to penalties in addition to ordinary income tax. .

#### 4a: Federal Income Tax Withholding Options

Default withholding of 10% will apply to any taxable withdrawal. **You may override the default withholding by selecting a specific amount or percent below.**

☐ Do NOT withhold Federal Income Tax from my withdrawal

☐ Withhold \$ \_\_\_\_\_ OR \_\_\_\_\_ %

#### 4b: State Income Tax Withholding Options

Default withholding is based on the State in which you reside. **You may override the default withholding by selecting a specific amount or percent below. Please note that changes to a default election may require a state specific form.**

☐ Do NOT withhold State Income Tax from my withdrawal

☐ Withhold \$ \_\_\_\_\_ OR \_\_\_\_\_ %

**Note:** If your state does not allow the option to modify or elect out of withholding we will withhold the required amount for your withdrawal.

## Section 5: Signatures and Consent

I understand the withdrawal requested on this form will be processed in accordance with the provisions of the annuity. I have read the Withdrawals section of my annuity and I am familiar with the provisions of my contract.

I understand that if I have chosen to participate in a Guaranteed Lifetime Withdrawal Benefit rider and I elect to withdraw all or a portion of those assets with this form that I am subject to an 'excess withdrawal' and that this request may have an adverse impact to my rider. I acknowledge that I have access to a personalized, transaction specific calculation showing the effect of the excess withdrawal and that I have reviewed this information prior to electing this withdrawal.

I understand that my product may have additional charges for withdrawals in excess of my annual free amount and that I have reviewed the Withdrawal Charge section of my annuity to determine the cost of this withdrawal. I acknowledge that I have access to a personalized, transaction specific calculation of the fees that will impact this withdrawal request and that I have reviewed this information carefully prior to electing this withdrawal.

I understand that by providing my email address in Section 1 of this form I authorize Protective Life Insurance Company to contact me electronically regarding this transaction.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

**Under penalties of perjury, I certify that:**

- 1) The number provided on this form and/or on my annuity application is my correct taxpayer identification number.
- 2) I am not subject to backup withholding.
- 3) I am a U.S. Citizen or other U.S. person (including U.S. resident alien).
- 4) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

I certify that the information provided in this form is accurate and correct. If the contract is owned by a trust, I affirm that I am the current trustee of the trust and am authorized to make this request on behalf of the trust. If a representative of the owner (trustee, power-of-attorney, custodian, etc.) is signing on behalf of the contract owner, Protective Life Insurance Company will require a copy of the documentation granting the signor the authority to do so.

\_\_\_\_\_  
Contract Owner Signature (or Trustee Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Owner Signature (or Trustee Signature)

\_\_\_\_\_  
Date

*Note - Protective Life Insurance Company cannot accept funds at the addresses listed below - for details on where to send premiums for your annuity please contact the number at the top of this form.*

### Return this form to:

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

Electronic Delivery:  
Fax Number: (866) 442-3887