

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



Policy:	<input type="checkbox"/> Non-Tax Qualified	<input type="checkbox"/> Tax Qualified
Insured:	Owner:	

REQUEST FOR PARTIAL SURRENDER

I (we) hereby elect a partial surrender in the amount of: _____.

I (we) understand:

- (a) My (our) policy's face amount and policy value will be reduced by the partial surrender amount.
- (b) This withdrawal will cost _____ taken from my (our) policy value.
- (c) This withdrawal may make it necessary to pay additional premium in the future.
- (d) A partial surrender may not reduce the face amount below the minimum face amount stated in the policy.

Select one of the following:

- 1. I (we) **do not** wish to restore my (our) policy's face value to the amount in effect prior to my (our) partial surrender.
- 2. I (we) wish to restore my (our) policy's face value to the amount in effect prior to the partial surrender.

Evidence of insurability is required IF:

- (A) total partial surrenders exceed \$5,000 in one policy year and/or;
- (B) the policy is being kept in force by a Waiver of Premium or Disability Benefit,

If you select #2 above, contact us for an application. By electing to restore the face amount to the amount in effect prior to the partial surrender, there may be a monthly administrative charge for the first 12 months following the increase.

No bankruptcy proceedings have been instituted by or against me (us) and no one other than I (we) has (have) any claim or interest on this policy.

All checks will be made payable to the owner(s). If the policy has more than one owner, the disbursement will be split equally among all owners and will be mailed to each owner at the address we have on record for that owner. Please ensure that you review the signature requirements, which are located after the signature section of the form.

Check will be made payable to policyowner(s): _____

- If you would like to have the proceeds directly deposited to the owner's checking account; please attach a voided check. Direct Deposit is limited to \$50,000 per transaction.

PLEASE ATTACH AN ORIGINAL VOIDED CHECK

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Please Note: Where we have indicated that yours is a tax qualified plan, distribution of the policy proceeds may adversely affect the deferred status of the policy. We urge you to consult your tax advisor regarding the taxation of any distribution prior to reaching a final decision regarding the transaction.

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Notice of Withholding

The taxable portion of withdrawals you receive from the above policy are subject to Federal income tax withholding and state income tax withholding, where applicable, unless you elect not to have withholding apply.

IF YOU DO NOT RESPOND BY THE DATE YOUR WITHDRAWAL PAYMENT IS SENT, FEDERAL INCOME TAX AND STATE INCOME TAX, WHERE APPLICABLE, WILL BE WITHHELD FROM THE TAXABLE PORTION OF YOUR WITHDRAWAL.

You may elect not to have withholding apply to your withdrawal payments by checking the appropriate box below. If you elect not to have withholding apply to your withdrawal payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

- I have read the above information and I **DO NOT** want to have Federal income tax (and state income tax, where applicable) withheld from my withdrawal.

- I have read the above information and I **DO** want to have Federal income tax (and state income tax, where applicable) withheld from my withdrawal.

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

_____ Owner's Email Address	_____ Owner's Signature (Provide title if officer of corporation)	_____ Date
_____ Owner's Daytime Phone Number	_____ Owner's Social Security Number/Tax ID	
_____ Owner's Email Address	_____ Owner's Signature (Provide title if officer of corporation)	_____ Date
_____ Owner's Daytime Phone Number	_____ Owner's Social Security Number/Tax ID	
_____ Witness Signature Disinterested Party of Legal Age	_____ Witness - Print Name	_____ Date
_____ Assignee Signature (Provide title if officer of corporation)	_____ Assignee - Print Name	_____ Date

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 must also sign or complete a release of assignment form.
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. Please indicate your status as spouse or owner on the above signature line.
4. If the Policy is owned by a partnership, association or company, this form should be signed by an officer other than the Insured. If the policy is owned by a corporation, this form must be signed by an officer other than insured and the signature must be attested by the Secretary of the corporation or two officers should sign.
5. Signatures should be witnessed by a disinterested party of legal age.
6. **A notarized signature is required by the owner(s) to mail a check to an address other than the address of record.**
7. **If the policy has multiples owners, a notarized signature is required by the owners if requesting to make the check payable to someone other than as indicated in the "Check will be made payable to" section.**