

Make a Choice Today to Protect Their Tomorrow

Help ensure your beneficiaries are not overwhelmed during an already difficult time. Pre-determine how benefits will be distributed so that both short-term and long-term needs may be met.

The option to select how death benefit payments will be made is available as a benefit of your Protective Life annuity and helps you:

- Simplify the claims process, with payments beginning within 30 days after receiving proof of death.
- Spread taxes out among payments to your beneficiary(ies), instead of taking them out in one lump sum, when lifetime or period certain payments are selected.
- Ensure that payments last long after you're gone, especially for those who may benefit from a more structured payment schedule.



The company reserves the right to modify or disregard an election if necessary to comply with applicable laws and regulations in effect at the time of the owner's death (or the annuitant's death if there is a non-natural owner).

Additional information on next page.



Understanding the Pre-Determined Death Benefit Payout Election Form

Life and Annuity Division Protective Life Insurance Company¹
West Coast Life Insurance Company¹
Protective Life and Annuity Insurance Company
Post Office Box 1928 / Birmingham, AL 35201-1928
Toll Free: 800-456-6330 / Fax: 205-268-6479

Pre-Determined Death Benefit Payout Election Form

Owner's Name: _____ Contract Number: _____

This election is made at the Owner's request. The company reserves the right to modify or disregard an election if necessary to comply with applicable laws and regulations in effect at the time of the Owner's death (or the Annuitant's death if there is a non-natural Owner). After we receive and acknowledge this form, a copy will be returned for the Owner's records. (Other options may be available. Contact us for special cases.)

1. Name of Beneficiary to whom this election applies. NOTE: This form does not change your current Beneficiary designation. The name below must match a Beneficiary designation or this election will have no legal effect.

Beneficiary Name: _____ Date of Birth: _____
Address & Telephone No: _____
Relationship: _____ Percentage: _____ Social Security No: _____
Beneficiary Type: ☐ Primary ☐ Contingent

2. The Beneficiary named may take up to _____ % as a lump sum withdrawal immediately upon proof of death. (Whole percentages only) The balance will be paid as designated below.

3. Apply this option to the remaining portion of the death benefit payable to the Beneficiary named above:

☐ Payments guaranteed for _____ years. (5 - 30 years)*
☐ Payments for a Fixed Amount \$ _____. (Fixed amount payments may not be made for less than 5 years or more than 30 years.* The Company reserves the right to adjust the payment amount to meet these restrictions.)
☐ Payments for the Beneficiary's lifetime.
☐ Life with Cash Refund (not available with Single Premium Whole Life products)
☐ Life with Installment Refund (not available with Single Premium Whole Life products)
☐ Payments for the Beneficiary's lifetime and guaranteed for _____ years. (5 - 30 years)*

4. Payment Mode (Please select one): ☐ Monthly ☐ Semi-Annually
☐ Quarterly ☐ Annually

* Payout period may not exceed the Beneficiary's life expectancy. If the selected payout period exceeds the Beneficiary's life expectancy, we will adjust the payout period to the longest allowable period. (If monthly payments are less than \$50, payments may be made quarterly, semi-annually or annually at the Company's option.)

SIGNATURES: I / We request and authorize the Company to act on this election. I understand that neither the Beneficiary nor the Company can modify this election except the Company may modify or disregard this election if necessary to comply with any applicable law or regulation in effect at the time of Owner's death.

Owner's Signature _____ Date _____ Spouse or Joint Owner's Signature _____ Date _____
Registrar _____ Date Recorded _____

SIGNATURES: I / We hereby cancel the election with respect to the Beneficiary named above. I / We understand this cancellation removes any pre-determined death benefit payout option election made for this Beneficiary prior to the date entered next to my / our signature below and that a new election may now be made on a new form.

Owner's Signature _____ Date _____ Spouse or Joint Owner's Signature _____ Date _____
Registrar _____ Date Recorded _____

¹ Not authorized in New York. Page 1 of 1 LAD-1153 R.10/12

Allowable Lump Sum Withdrawal Percentage
Choose what percentage your beneficiary is able to receive in an initial lump sum.

Payout Election for Remaining Death Benefit
Decide how the remaining death benefit will be paid to your beneficiary, by choosing one of three options:

1. Period certain payments for up to 30 years
2. Payments for the beneficiary's lifetime
3. Payments for the beneficiary's lifetime and period certain payments for up to 30 years

If This Election Needs to be Updated
If at some point you change your mind, you can also change the payout option by cancelling this form and submitting a new one.

For help with this form or more information about the Pre-Determined Death Benefit Payout Option, please contact your financial advisor.

Protective Life refers to Protective Life Insurance Company (PLICO) and its affiliates, including Protective Life & Annuity Insurance Company (PLAIC). Annuities are issued by PLICO in all states except New York and in New York by PLAIC; securities offered by Investment Distributors, Inc. (IDI) the principal underwriter for registered products issued by PLICO and PLAIC, its affiliates. PLICO is located in Brentwood, TN. PLAIC and IDI are located in Birmingham, AL. Each company is solely responsible for the financial obligations accruing under the products it issues.

The tax treatment of annuities is subject to change. Neither PLICO, PLAIC nor its representatives offer legal or tax advice. Purchasers should consult their attorney or tax advisor regarding their individual situation.



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