





Protective Life Insurance Company  
 P.O. Box 1928  
 Birmingham, AL 35201-1928

**SERVICE REQUEST FORM**

CONTRACT/POLICY NO.	OWNER NAME	OWNER SS NO.	TELEPHONE NO.
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5. **CHANGE OF BENEFICIARY:** If more than one primary/contingent beneficiary is named, use percentages to indicate how proceeds are to be paid. If there are no percentages indicated, payment will be in equal shares to the surviving primary/contingent beneficiary(ies).

I (We) hereby request that all previous beneficiary designations and directions for settlement of this policy be cancelled and that the proceeds of said policy upon the death of the Insured be paid, in one sum, unless otherwise provided herein or in said policy, as follows:

**PRIMARY BENEFICIARY:** If there are no surviving primary beneficiary(ies), then the proceeds will be paid to the contingent beneficiary(ies).

Name and Address	Telephone No.	SSN/Tax ID	Birthdate	Relationship	Percentage

**CONTINGENT BENEFICIARY:** If there are no surviving contingent beneficiary(ies), then the proceeds will be paid to the executors, administrators, or assigns of the owner.

Name and Address	Telephone No.	SSN/Tax ID	Birthdate	Relationship	Percentage

\_\_\_\_\_ DAY COMMON DISASTER CLAUSE IS REQUESTED (Maximum of 30 days): If any beneficiary shall die simultaneously with the Insured or not be living on the \_\_\_\_\_ day following the death of the Insured, payment shall be made to the beneficiary(ies) as if such beneficiary so dying had not survived the Insured.

**SIGN HERE FOR THE ABOVE REQUEST(S)**

The company agrees that, if the policy requires endorsement or amendment for the above requested change of beneficiary, recording and mailing a copy of this form will constitute such endorsement or amendment.

Owner \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_

Address \_\_\_\_\_

Irrevocable Beneficiary \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_

Address \_\_\_\_\_

The above requested change(s) has/have been approved and recorded by the Company, at its Home Office on \_\_\_\_\_.

PROTECTIVE LIFE INSURANCE COMPANY

Registrar or Authorized Officer \_\_\_\_\_

Secretary Deborah J Long

*(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)*



SERVICE REQUEST FORM

Table with 4 columns: CONTRACT/POLICY NO., OWNER NAME, OWNER SS NO., TELEPHONE NO.

- 6. LOST POLICY: I we certify that the above numbered Contract/Policy has been lost or destroyed.
7. REQUEST FOR A POLICY LOAN: I (We) hereby request a loan in accordance with Policy provisions.
8. REQUEST FOR PARTIAL WITHDRAWAL: At any time after the first Policy Year, an Owner may make a withdrawal of Surrender Value.
9. REQUEST FOR FULL SURRENDER: I (We) hereby elect to surrender this policy for its cash surrender value, if any.
10. ELECTRONIC FUNDS TRANSFER: If you wish to have your disbursement sent via Electronic Funds Transfer (EFT), please enclose a voided check with this form request.

PLEASE ATTACH VOIDED CHECK

(Routing Number) (Bank Account Number)

FOR QUESTIONS 7 THROUGH 9, COMPLETE THE FOLLOWING:

I (We) hereby certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have ever been instituted by or against me (us), that I (we) am (are) of legal age, am (are) not under guardianship or other legal disability and that said Policy is not assigned or pledged to any other person or corporation other than the assignee signed below, and that I (we) will indemnify and save harmless the said Company from any other and further claim thereunder.

MAKE CHECK PAYABLE TO:

Please Note: We urge you to consult your tax advisor regarding the taxation of any distribution prior to reaching a final decision regarding the transaction.

Notice of Withholding on Distributions or Withdrawals

The taxable portion of distributions 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. You may elect not to have withholding apply to your distribution payments by checking the appropriate box below.

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

SIGN HERE FOR THE ABOVE REQUEST(S):

Owner Date Witness

Assignee/Irrevocable Beneficiary Date Witness

(Please sign in ink. Pencil signatures cannot be accepted. If the Policy is assigned, the Assignee must also sign. If the Owner resides in the Community Property states of Texas, Louisiana, Arizona, New Mexico, Nevada, California, Washington, Idaho, or Wisconsin, we recommend that the owner's spouse also sign this form. Signatures must be witnessed by a disinterested party of legal age.)



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CONTRACT/POLICY NO.	OWNER NAME	OWNER SS NO.	DAYTIME PHONE NO.
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**11. TELEPHONE ACCESS AUTHORIZATION:**

- I authorize the Company to honor telephone instructions to transfer account values among Sub-Accounts, subject to the conditions of the prospectus.
- I authorize the Company to honor telephone instructions from my Registered Representative to transfer account values among Sub-Accounts, subject to the conditions of the prospectus.

*The Company will not be held liable for any loss, liability, cost or expense for acting on telephone instructions.*

**12. PORTFOLIO REBALANCING:** Rebalancing to begin on \_\_\_\_\_ (day 1-28 only). **(Default will be the monthly anniversary date.)**

Portfolio Rebalancing will be according to your current fund allocations.

Rebalancing should occur:  Annually  Semi-Annually  Quarterly

**13. ALLOCATION CHANGES, TRANSFERS AND PAYMENTS:**

Changing the allocation will not affect funds currently held in the Sub-Account(s) and/or Fixed Account.

*Indicate whole percentages for a total of 100%. You may also select the allocation(s) for your monthly charges. (Minimum transfer: \$100 or entire Fund value, if less.)*

**DOLLAR COST AVERAGING:** *Minimum \$100 monthly/quarterly.*

*(A minimum account balance of \$5,000 is required to begin Dollar Cost Averaging.)*

- I (We) want to begin Dollar Cost Averaging from the Fixed Account or \_\_\_\_\_ Fund.
- I (We) want to suspend the Dollar Cost Averaging Program.  Change DCA to \_\_\_\_\_

FUND FAMILIES	Allocations or Contributions		Transfers	
	Fund % or \$	DCA %	Fund % or \$	DCA %
<b>Clearbridge</b>				
(269) Mid Cap Core <sup>3</sup>	_____	_____	_____	_____
(270) Small Cap Growth <sup>3</sup>	_____	_____	_____	_____
<b>Fidelity</b>				
(234) Fidelity VIP Contrafund	_____	_____	_____	_____
(244) Fidelity VIP Equity Income <sup>1</sup>	_____	_____	_____	_____
(265) Fidelity VIP Freedom 2015 Portfolio <sup>1,2</sup>	_____	_____	_____	_____
(266) Fidelity VIP Freedom 2020 Portfolio <sup>1,2</sup>	_____	_____	_____	_____
(233) Fidelity VIP Growth <sup>1</sup>	_____	_____	_____	_____
(232) Fidelity VIP Index 500	_____	_____	_____	_____
(245) Fidelity VIP Investment Grade Bond	_____	_____	_____	_____
(243) Fidelity VIP Mid Cap	_____	_____	_____	_____
<b>Franklin Templeton</b>				
(247) Franklin Flex Cap Growth VIP <sup>2</sup>	_____	_____	_____	_____
(248) Franklin Income VIP <sup>2</sup>	_____	_____	_____	_____
(249) Franklin Rising Dividends VIP <sup>2</sup>	_____	_____	_____	_____
(253) Franklin Mutual Shares VIP <sup>2</sup>	_____	_____	_____	_____
(250) Franklin Small-Mid Cap Growth VIP <sup>2</sup>	_____	_____	_____	_____
(267) Franklin Small Cap Value VIP <sup>3</sup>	_____	_____	_____	_____
(254) Franklin U.S. Government Securities VIP <sup>2</sup>	_____	_____	_____	_____
(293) Templeton Developing Markets VIP <sup>9</sup>	_____	_____	_____	_____
(251) Templeton Foreign VIP <sup>2</sup>	_____	_____	_____	_____
(255) Templeton Global Bond VIP <sup>2</sup>	_____	_____	_____	_____
(252) Templeton Growth VIP <sup>2</sup>	_____	_____	_____	_____



FUND FAMILIES	Allocations or Contributions		Transfers	
	Fund % or \$	DCA %	Fund % or \$	DCA %
<b>Goldman Sachs</b>				
(268) Growth Opportunities <sup>3</sup>	_____	_____	_____	_____
(257) Large Cap Value <sup>7</sup>	_____	_____	_____	_____
(283) Mid Cap Value <sup>4</sup>	_____	_____	_____	_____
(259) Small Cap Equity Insights <sup>1,2,5</sup>	_____	_____	_____	_____
(258) Strategic International Equity <sup>2,4</sup>	_____	_____	_____	_____
(256) Strategic Growth <sup>2,4</sup>	_____	_____	_____	_____
(260) U.S. Equity Insights <sup>1,2,5</sup>	_____	_____	_____	_____
<b>Invesco V.I.</b>				
(225) American Franchise <sup>1</sup>	_____	_____	_____	_____
(282) American Value <sup>3</sup>	_____	_____	_____	_____
(284) Balanced Risk Allocation <sup>3,6</sup>	_____	_____	_____	_____
(227) Comstock	_____	_____	_____	_____
(241) Equity and Income	_____	_____	_____	_____
(288) Global Real Estate <sup>9</sup>	_____	_____	_____	_____
(285) Government Securities	_____	_____	_____	_____
(228) Growth and Income	_____	_____	_____	_____
(286) International Growth <sup>2,10</sup>	_____	_____	_____	_____
(238) Mid Cap Growth	_____	_____	_____	_____
(289) Small Cap Equity <sup>9</sup>	_____	_____	_____	_____
<b>Lord Abbett</b>				
(236) Bond Debenture	_____	_____	_____	_____
(240) Calibrated Dividend Growth	_____	_____	_____	_____
(264) Classic Stock	_____	_____	_____	_____
(271) Fundamental Equity <sup>3</sup>	_____	_____	_____	_____
(235) Growth and Income <sup>8</sup>	_____	_____	_____	_____
(239) Growth Opportunities	_____	_____	_____	_____
(263) International Opportunities <sup>8</sup>	_____	_____	_____	_____
(237) Mid Cap Stock	_____	_____	_____	_____
<b>MFS® Investment Management</b>				
(290) Emerging Markets Equity <sup>9</sup>	_____	_____	_____	_____
(210) Growth	_____	_____	_____	_____
(291) International Value <sup>9</sup>	_____	_____	_____	_____
(231) Investors Growth Stock	_____	_____	_____	_____
(212) Investors Trust	_____	_____	_____	_____
(219) New Discovery	_____	_____	_____	_____
(272) Research Bond <sup>3</sup>	_____	_____	_____	_____
(211) Research	_____	_____	_____	_____
(213) Total Return	_____	_____	_____	_____
(220) Utilities	_____	_____	_____	_____
(273) Value <sup>3</sup>	_____	_____	_____	_____
<b>UIF</b>				
(262) Global Real Estate <sup>8</sup>	_____	_____	_____	_____



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FUND FAMILIES	Allocations or Contributions		Transfers	
	Fund % or \$	DCA %	Fund % or \$	DCA %
<b>OppenheimerFunds</b>				
(215) Capital Appreciation	_____	_____	_____	_____
(214) Discovery Mid Cap Growth <sup>1</sup>	_____	_____	_____	_____
(221) Global	_____	_____	_____	_____
(217) Global Strategic Income	_____	_____	_____	_____
(216) Main Street	_____	_____	_____	_____
(206) Money	_____	_____	_____	_____
<b>PIMCO</b>				
(292) VIT All Asset <sup>9</sup>	_____	_____	_____	_____
(274) Long-Term US Government <sup>3</sup>	_____	_____	_____	_____
(275) Low Duration <sup>3</sup>	_____	_____	_____	_____
(276) Real Return <sup>3</sup>	_____	_____	_____	_____
(277) Short-Term <sup>3</sup>	_____	_____	_____	_____
(278) Total Return <sup>3</sup>	_____	_____	_____	_____
<b>Royce</b>				
(279) Micro-Cap <sup>3</sup>	_____	_____	_____	_____
(280) Small-Cap <sup>3</sup>	_____	_____	_____	_____
<b>Protective Life General Account</b>				
(200) Fixed Account	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

<sup>1</sup> Not available for policies with application sign date after 11/1/2009; <sup>2</sup> Not available for the Transitions or Survivor products; <sup>3</sup> Not available for Premiere I, Provider, Executive, Transitions or Survivor products; <sup>4</sup> Service Class available for policies with application sign date after 4/30/08. Institutional Class available for policies with application sign date less than 5/1/08; <sup>5</sup> Service Class available for policies with application sign date 4/30/08 to 11/1/09. Institutional Class available for policies with application sign date less than 5/1/08; <sup>6</sup> Not available for policies with application sign date after 04/30/11; <sup>7</sup> Not available for the Transitions or Survivor products. Service Class available for policies with application sign dates after 04/30/08. Institutional Class available for policies with application sign dates 04/30/08 to 04/30/12; <sup>8</sup> Not available for policies with application sign dates greater than 04/30/12; <sup>9</sup> Only available for Premiere III and Preserver II products; <sup>10</sup> Not available for policies with application sign dates after 11/1/09 for all products except Premiere III and Preserver II. Available for Premiere III and Preserver II products with application sign dates greater than 04/30/12. Not available for the Transitions or Survivor products.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_

Assignee/Irrevocable Beneficiary \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_

The above requested change(s) has/have been approved and recorded by the Company at its Home Office on \_\_\_\_\_.

PROTECTIVE LIFE INSURANCE COMPANY

Registrar or Authorized Officer \_\_\_\_\_ Secretary Deborah J Long

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