

Life and Annuity Division

Protective Life Insurance Company¹
Protective Life and Annuity Insurance Company
Post Office Box 1928
Birmingham, AL 35201-1928
Toll Free: 800-456-6330 / Fax: 205-268-6408

SecurePay Benefit Election

Owner's Name: _____ Contract Number: _____

Instructions:

- I want to set my Benefit Election
Setting the Benefit Election Date will initiate your contract's Benefit Period. Please refer to your Contract and Rider for details.
- I want to start my Partial Automatic Withdrawal
- I want to make a change to my existing Withdrawal
- I want to cancel my existing Withdrawal
- I want to take a One-Time Withdrawal in the amount of \$_____

Payout Option:

Single Payout (based on the owner's life only)
If single payout is elected, the covered person will be the single primary owner or the oldest joint owner.

Joint Payout (based on the owner and spouse's life)
If joint payout is elected please provide:

Covered Person 1 Date of Birth SSN/Tax ID

Covered Person 2 Date of Birth SSN/Tax ID Relationship to Owner

If joint payout is elected and the owner is a Custodian, the sole primary beneficiary of the custodial account must be the spouse of the annuitant. Please verify this information before submitting the form.

How much do you want:

- Send me the maximum annual withdrawal amount allowed
- Send me only \$_____

Any Annual Withdrawal Amount (AWA) not taken during the year is not cumulative from year to year. If you begin taking your AWA at a point between contract anniversary dates, you may request a one-time withdrawal of the amount that is available from the most recent contract anniversary to the first withdrawal scheduled.

Please check here if you want a one-time withdrawal of the amount available.

When do you want it:

Select One: Monthly Quarterly Semi-Annually Annually

Beginning Date: _____ mm/dd (select a date between the 1st – 28th)

The begin date selected will be the date the withdrawal is processed. Please allow 3-5 business days for EFT to be received at your bank.

Do you want taxes withheld: (Living Benefit Withdrawals are treated as distributions, NOT transfers. All withdrawals will be processed as gross amount; tax withholding does reduce the amount of the check.)

Federal _____ Do Not Withhold _____ Specify % or Dollar Amount

State _____ *Do Not Withhold _____ **Specify % or Dollar Amount

*Some states require mandatory state income tax when federal income tax is withheld. For these states we will withhold based on the state requirements.

**Some states do not allow state income tax withholding. We will withhold according to your instructions allowed by the state.

I understand that I am responsible for payment of federal income tax on the taxable portion of each withdrawal I receive, even if I choose not to have federal income tax withheld from my withdrawal. I also understand that if I don't specify the tax withholding I want before my payment date, 10% federal income tax and applicable state income tax will be withheld from the taxable portion of my withdrawals until I make a different election.

I want my funds sent electronically to my bank (EFT):

PLEASE ATTACH A VOIDED CHECK

Routing Number: _____ Bank Account Number: _____

SIGNATURES:

Owner's Signature

Date

Joint Owner's Signature

Date

Owner's SSN / Tax ID Number

Joint Owner's SSN / Tax ID Number

Annuitant's Signature (if Custodially Owned)

Date

Taxpayer Identification Number and Certification

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other ▶	Exemptions (codes apply only to certain entities, not individuals): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
Address (number, street, and apt, or suite no.)	Requester's name and address (optional)
City, State, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3 of the W-9 instructions at website listed below. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3 of W-9 instructions at website listed below.

Note. If the account is in more than one name, see the chart on page 4 of W-9 instructions for guidelines on whose number to enter.

Social security number												
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or) I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person, and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Sign Here	Signature of U.S. person ▶	Date ▶
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IMPORTANT – if any part of the payment made to you could be subject to backup withholding and we do not receive this completed form, we will do backup withholding of 28% on those amounts.

IRS W-9 form instructions can be used for clarification in completing this form. See www.irs.gov/pub/irs-pdf/fw9.pdf