Protective Life & Annuity Insurance Company

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

PRE-AUTHORIZED WITHDRAWAL AGREEMENT

FOR DRAFTING OF PREMIUM PAYMENTS

I request and authorize Protective Life & Annuity Insurance Company to draw against the account listed below to pay premiums on the following policies:

Policy Number	Name of	f Insured		Name of	Policy (Owner	
Name of Bank:		_ _	_	_ _	_ _	_	_
Street Address or P.O. Box:	_	_ _	_	_	_		_
	_	_ _			_	_ _	_
City: _ _ _ _	1 1 1 1	1 1 1	1 1 1	1 1	1 1		ı
	ip Code:	_	_ — <u>.</u>		 _	-ıl	—I——
Type of Account:	ng 🗆 S	avings					
Routing Number: _	_	_ _	_ _	_	_		
Account Number: _	_	_ _			_		
PLEASE AT	TACH A VOIDED	CHECK. D	O NOT USE	STAPLES	S .		
BANK NAME ADDRESS CITY, STATE ZIP FOR 1:0123456781: 0123456789012 Bank Routing Bank Account Number Number		This sample the location Account nu	of Routing				
Premium Frequency (Please che	ck one.): 🛚 Mo	onthly 🗆	Quarterly	□ Semi-A	nnually	□ An	nuall
I would like the date of the wind date(s) or 1 st – 28 th for monthl		cur on the			(Please	indica	te the
☐ Past Due Premium Payments am authorizing the drafting of all one premium.							
		Premi	ım Payor -	- Deposite	or (Pleas	e Print	·)
Please complete your name and	email address if		•	•	•		•
Your Name:	_	_			_ _	_ _	_ _
Email Address:							