Protective Life Insurance Company
Life and Health Insurance Administration | PO Box 12687 | Birmingham, AL 35202-6687

Policy Number:	**Insured(s):**	
Owner(s):		☐ Non-Tax Qualified ☐ Tax Qualified

REQUEST FOR FULL SURRENDER

I (we) hereby elect to surrender this policy for its cash surrender value, if any. The date used for calculation of policy values shall be the policy's monthly anniversary following the Company's receipt of the surrender request. I (we) hereby release and discharge said Company from any and all liability whatsoever under this policy as of the date of this request. Please attach the policy.

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 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 signing below, and that I (we) will indemnify and save harmless the said Company from any other and further claim thereunder.

Please choose your method of payment below.

☐ **Check by mail**

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.

Check will be made payable to:

_____

☐ **Electronic Funds Transfer (EFT):**

Proceeds will be directly deposited to the Owner's checking account.
PLEASE ATTACH AN ORIGINAL VOIDED CHECK.
Deposit slips and counter or beginner checks are not acceptable.

If you elect Electronic Funds Transfer (EFT) but do not provide an original voided check, a check will be issued to the mailing address in our records.

Policy Number:

Required: Federal and State Tax Withholding, Social Security Number and Tax Identification Number Certification

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Federal and State Tax Withholding

If you are not a United States citizen and you are also not a resident of the United States, then please provide to us with this form your IRS form W-8. If you meet these criteria (not a US citizen and also not a US resident), then this section does not apply to you. The Company will determine the appropriate amount of federal tax withholding based on the information in your W-8. In most W-8 situations the Company is not required to withhold federal taxes. State tax withholding will not be applicable. You may skip to the signature section of this form.

The Company may be required to withhold income taxes on a payment to you. If below you elect to not have taxes withheld, then when you file your tax returns there is a possibility that you will owe more money than if you choose below to have taxes withheld. Each year-end we will report to you on an appropriate IRS form 1099R any taxes that we withheld during that year. Taxes withheld count as part of your total taxes paid when you file your tax returns.

Regarding federal taxes, you may not choose Do not withhold below if the payment will be made to an address (or to an account) in a foreign country. Furthermore, in certain situations a payment from your contract or policy is subject to an additional 10% tax when you file your federal tax return.

Regarding state taxes, some states require that withholding be done at a certain minimum rate. If below you do not make any tax withholding choices, or if your choice below is inconsistent with these rules, then in general the Company is required to choose for you instead a certain minimum rate of state tax withholding.

Please make your tax withholding choices below in the section that is applicable to your policy. You may change at any time the choices that you make below. Your choices will remain in-effect until you notify us that you want to change them.

1) Tax Withholding for IRAs, Non-Qualified Annuities, or Life Insurance policies Only

a. Federal income taxes
- ☐ Do not withhold
- ☐ Withhold 10%
- ☐ Withhold $_____ or _____%
  (Generally percentage should not exceed 30%)

b. State income taxes
- ☐ Do not withhold
- ☐ Withhold as required by my state
- ☐ Withhold $_____ or _____%
  (Generally percentage should not exceed 30%)

2) Tax Withholding for 401(k), 403(b), or 457 Annuities Only

a. Federal income taxes
- ☐ Withhold 20%
- ☐ Withhold $_____ or _____%
  (cannot be less than 20%)

b. State income taxes
- ☐ Do not withhold
- ☐ Withhold as required by my state
- ☐ Withhold $_____ or _____%

****IMPORTANT****

If this policy is jointly owned, you must make a copy of this page for each policy owner and include each copy with this surrender form. This section must be completed for each policy owner.

Policy Owner Name: _____

Social Security Number (SSN) or Taxpayer Identification Number (TIN)
This section applies to you if you are either 1) a US citizen, or 2) not a US citizen but are a resident of the US. If you are either, then in the following space please enter your Social Security Number (SSN). If you do not have a SSN but instead have a Taxpayer Identification Number (TIN), then please enter your TIN.

SSN or TIN: _____

Under penalties of perjury, I certify that:

- The SSN or TIN above is correct.
- I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding due to failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a US Citizen or a US resident alien.
- (This statement only applies to entities. If you are an individual, then this statement does not apply to you. If you are an individual, then when you sign this form below you are not making a certification regarding this statement.) The FATCA codes listed on this form that indicate an exemption from FATCA reporting are correct.

You should strike through above any of the first three statements that do not apply to you. The Company is required to withhold taxes on certain payments to you if you are subject to backup withholding.

Your federal tax classification (if you are not an individual):	FATCA code(s): If you are an entity, then please enter your code(s) below. The IRS instructions (per the IRS web address below) explain these codes. If you are an individual, then you should not fill-in any codes below:
☐ Single-member LLC ☐ C Corporation or S Corporation ☐ Partnership ☐ Trust/Estate ☐ LLC classified as a C Corporation or a S Corporation ☐ LLC classified as Partnership ☐ Other (explain) _____	Exempt Payee Code: _____ Exemption from FATCA Reporting Code (if any): _____

Please consult your tax advisor regarding any questions that you may have about this certification. There are additional instructions regarding this substitute form W-9 at *www.IRS.gov/forms-instructions*.

Except if you have provided to us an IRS form W-8, when you sign this form below you are making the tax-related certifications above (except for any above that you strike through). The IRS' regulations that require you as a US citizen or a non-citizen resident of the US to make these certifications do not extend to any of the Company's administrative provisions in this form.

Policy Number:

SIGN HERE FOR THE ABOVE REQUEST(S)

Please read the Signature Requirements to avoid a delay in processing.

Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material, thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties according to state law.

California policy/contract holders: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Owner Signature (Provide title if officer of corporation)	Owner Printed Name	Date
Owner Email	Owner Phone	
Witness Signature **Disinterested Party of Legal Age**	Witness - Printed Name	

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 this form 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.
4. If the policy is owned by a corporation, partnership, association or company, this form should be signed by an Officer other than the Insured. The title of the Officer signing the form must also be included. If the Insured is the only Officer of the company, please give us a signed statement to that effect on company letterhead.
5. Signatures should be witnessed by a disinterested party of legal age.
6. If the policy has multiple Owners, all Owner's signatures are required.
7. A notarized signature for each Owner is required for any of the following:
   - o To mail a check to an address other than the address of record.
   - o To verify the current signature if it does not match the prior signatures in our files.
   - o If the Owner(s) signed using an electronic signature.
8. If the policy is trust owned, please send a full copy of the Certificate of Trust or the sections of the trust that indicate the title of the trust, pages that list the Trustees/Co-Trustees/Successor Trustees, trustee rights, any pages pertaining to the Life Insurance policy and the signature page. All applicable Trustees must sign.
9. If signing this form on behalf of the policy owner, please send ALL pages of the POA, Guardianship/Conservator paperwork, or other legal documentation. The POA/Guardian, etc. must sign their own name with the appropriate title behind their signature.