

SERVICE REQUEST FORM

CONTRACT/POLICY NO.	OWNER NAME	OWNER SS NO.	TELEPHONE NO.
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ADDRESS OF OWNER: \_\_\_\_\_

EMAIL ADDRESS OF OWNER: \_\_\_\_\_

1. **CHANGE OF NAME:** ☐ Owner ☐ Insured ☐ Beneficiary

I request that the Company change its records to reflect that on \_\_\_\_\_ by reason of \_\_\_\_\_  
(date) (marriage, divorce, etc.)

the name of \_\_\_\_\_ was changed to \_\_\_\_\_.

**Note:** *Individuals* must submit copies of legal documentation. (example: divorce decree, driver's license, etc.) *Corporations* must submit a certified copy of the official documents effectuating change of name.

2. **CHANGE OF ADDRESS:** ☐ Owner ☐ Insured ☐ Other \_\_\_\_\_

Please change my address to: \_\_\_\_\_

3. **CHANGE OF OWNERSHIP:** I request that all benefits, rights and privileges incident to ownership of the above referenced Contract/Policy be vested in the new Owner named below. I have the right to transfer the ownership of this Contract/Policy. No proceedings of bankruptcy have been instituted by or against me. I am not under guardianship or legal disability. Transfer ownership of my Contract/Policy to:

\_\_\_\_\_  
Name Date of Birth Sex Social Security Number Telephone Number

\_\_\_\_\_  
Address New Owner's Signature

(Change of ownership can result in income tax liability; please consult with your tax advisor.)

4. **CHANGE PREMIUM MODE:** Premium Amount \$ \_\_\_\_\_  
The Premium Mode is to be changed to: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly Pre-Authorized Withdrawal

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

Designation Information: Corporate, Partnership, Trust Owned. Please sign as shown below:

**Trust Owned** – Signatures, followed by the word "Trustee", of all required Trustees.

**Corporate/Partnership Owned** – Signature and title of one authorized officer (other than insured).

**Limited Liability Company (LLC)** – Signature and title of one authorized individual (other than insured).

**Proprietorship Owned** – Signature of Owner, followed by the title "Sole Owner".

\_\_\_\_\_  
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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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.

Designation Information: Corporate, Partnership, Trust Owned. Please sign as shown below:

**Trust Owned** – Signatures, followed by the word "Trustee", of all required Trustees.

**Corporate/Partnership Owned** – Signature and title of one authorized officer (other than insured).

**Limited Liability Company (LLC)** – Signature and title of one authorized individual (other than insured).

**Proprietorship Owned** – Signature of Owner, followed by the title "Sole Owner".

_____ <i>Owner</i>	_____ <i>Date</i>	_____ <i>Witness</i>
		_____ <i>Address</i>
_____ <i>Irrevocable Beneficiary</i>	_____ <i>Date</i>	_____ <i>Witness</i>
		_____ <i>Address</i>

(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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☐ 6. **LOST POLICY:** I we certify that the above numbered Contract/Policy has been lost or destroyed. If the Contract/Policy is found later, I agree to surrender it to the Company without claim.

☐ 7. **REQUEST FOR A POLICY LOAN:** I (We) hereby request a loan in accordance with Policy provisions. *(For Variable Life Policies, except Single Premium, policy loans are not available until after the first Policy Anniversary. Minimum loan amount is \$500.)*  
 I (We) hereby request a loan in accordance with Policy provisions. *(For Variable Life Policies, except Single Premium, policy loans are not available until after the first Policy Anniversary. Minimum loan amount is \$500.)*  
☐ Issue a check for the maximum amount. *(For Variable Life Policies, 90% of Policy Surrender Value; 75% in state of TX.)*  
☐ Issue a check for \$\_\_\_\_\_. *(For Variable Life Policies, this amount could change due to market fluctuation.)*  
 The Policy is hereby assigned to the Company as security for the loan and interest thereon.

☐ 8. **REQUEST FOR PARTIAL WITHDRAWAL:** At any time after the first Policy Year, an Owner may make a withdrawal of Surrender Value. *(For Variable Life Policies, minimum amount is \$500.)*  
 I (We) hereby elect a partial withdrawal of this Policy in the amount of \$\_\_\_\_\_.  
 If LEVEL DEATH BENEFIT OPTION is in effect for this Policy, the Company reserves the right to reduce the face amount by the withdrawn amount (exclusive of withdrawal charge) unless evidence of insurability completed by the Insured is submitted with the request. **The Company may reject a withdrawal request if the withdrawal would reduce the face amount below the minimum amount for which the Policy would be issued under the Company's then-current rules, or if the withdrawal would cause the Policy to fail to qualify as a life insurance contract under applicable tax laws, as interpreted by the Company.**  
*The Company will deduct a \$25 administrative charge upon a withdrawal. For Variable Life Policies, the charge is the lesser of 2% of the amount withdrawn or \$25. Please refer to the prospectus for more information.*

☐ 9. **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 cancellation request. For Variable policies the calculation will be as of the date this form is received in the Home Office. I (We) hereby release and discharge said Company from any and all liability whatsoever under this policy as of the date of this request. My policy is enclosed or the Lost Policy Statement is completed.

☐ 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; otherwise a check will be sent to the address of record for this "one-time" disbursement. We do not accept checking/savings deposit slips. We can only transfer to the policy owner's account or the bank account on record.

**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. (Unless we are directed otherwise, the check will be made payable to the Owner.)

\*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. **If you do not respond by the date your distribution is scheduled to be made, Federal income tax and state income tax, where applicable, will be withheld from the taxable portion of your distribution.** If you elect not to have withholding apply to your distribution payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

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.

**PLEASE SEE NEXT PAGE FOR SIGNATURE REQUIREMENTS**



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

- ☐ I authorize the Company to honor my verbal and electronic instructions regarding allocations to the Investment Options.
- ☐ I authorize the Company to honor my agent's instructions regarding allocation to the Investment Options.

*The Company will not be held liable for any loss, liability, cost or expense for acting on verbal or electronic 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>AMERICAN FUNDS</b>					
(296)	American Funds IS® Asset Allocation Fund <sup>12</sup>	_____	_____	_____	_____
(297)	American Funds IS® Blue Chip Income and Growth Fund <sup>12</sup>	_____	_____	_____	_____
(298)	American Funds IS® Global Growth Fund <sup>12</sup>	_____	_____	_____	_____
(301)	American Funds IS® Global Small Cap Fund <sup>12</sup>	_____	_____	_____	_____
(299)	American Funds IS® Growth Fund <sup>12</sup>	_____	_____	_____	_____
(302)	American Funds IS® International Fund <sup>12</sup>	_____	_____	_____	_____
(300)	American Funds IS® New World Fund <sup>12</sup>	_____	_____	_____	_____
<b>AMERICAN FUNDS AVAILABLE ONLY TO APPLICATIONS FOR SOVUL II WITH SIGN DATE 11/4/19 &amp; AFTER <sup>14</sup></b>					
(321)	American Funds IS® Asset Allocation 1 <sup>14</sup>	_____	_____	_____	_____
(322)	American Funds IS® Global Growth 1 <sup>14</sup>	_____	_____	_____	_____
(323)	American Funds IS® Growth 1 <sup>14</sup>	_____	_____	_____	_____
(324)	American Funds IS® Growth-Income 1 <sup>14</sup>	_____	_____	_____	_____
(325)	American Funds IS® New World 1 <sup>14</sup>	_____	_____	_____	_____
<b>DFA FUNDS AVAILABLE ONLY TO APPLICATIONS FOR SOVUL II WITH SIGN DATE 11/4/19 &amp; AFTER <sup>14</sup></b>					
(350)	DFA VA International Small Portfolio <sup>14</sup>	_____	_____	_____	_____
(351)	DFA VA International Value Portfolio <sup>14</sup>	_____	_____	_____	_____
(352)	DFA VA US Large Value <sup>14</sup>	_____	_____	_____	_____
(353)	DFA VIT Inflation-Protected Secs Instl <sup>14</sup>	_____	_____	_____	_____
<b>FIDELITY INVESTMENTS</b>					
(234)	Fidelity® VIP Contrafund Portfolio	_____	_____	_____	_____
(244)	Fidelity VIP Equity Income <sup>1</sup>	_____	_____	_____	_____
(233)	Fidelity VIP Growth <sup>1</sup>	_____	_____	_____	_____
(232)	Fidelity® VIP Index 500 Portfolio	_____	_____	_____	_____
(245)	Fidelity® VIP Investment Grade Bond Portfolio	_____	_____	_____	_____
(243)	Fidelity® VIP Mid Cap Portfolio	_____	_____	_____	_____
(265)	Fidelity VIP Freedom 2015 Portfolio <sup>1,2</sup>	_____	_____	_____	_____
(266)	Fidelity VIP Freedom 2020 Portfolio <sup>1,2</sup>	_____	_____	_____	_____

**FIDELITY FUNDS AVAILABLE ONLY TO APPLICATIONS FOR SOVUL II WITH SIGN DATE 11/4/19 & AFTER <sup>14</sup>**

(326)	Fidelity® VIP Growth Opportunities Initial <sup>14</sup>	_____	_____	_____	_____
(327)	Fidelity® VIP Index 500 Initial <sup>14</sup>	_____	_____	_____	_____
(328)	Fidelity® VIP Investment Grade Bond Initial <sup>14</sup>	_____	_____	_____	_____
(329)	Fidelity® VIP Mid Cap Initial <sup>14</sup>	_____	_____	_____	_____

**FRANKLIN TEMPLETON INVESTMENTS**

(247)	Franklin Flex Cap Growth VIP <sup>2</sup>	_____	_____	_____	_____
(248)	Franklin Income VIP Fund <sup>2</sup>	_____	_____	_____	_____
(253)	Franklin Mutual Shares VIP <sup>2</sup>	_____	_____	_____	_____
(249)	Franklin Rising Dividends VIP <sup>2</sup>	_____	_____	_____	_____
(267)	Franklin Small Cap Value VIP <sup>3</sup>	_____	_____	_____	_____
(250)	Franklin Small-Mid Cap Growth VIP <sup>2</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>	_____	_____	_____	_____

**FRANKLIN TEMPLETON FUNDS AVAILABLE ONLY TO APPLICATIONS FOR SOVUL II WITH SIGN DATE 11/4/19 & AFTER <sup>14</sup>**

(330)	Franklin Growth & Income VIP 1 <sup>14</sup>	_____	_____	_____	_____
(331)	Franklin Income VIP <sup>14</sup>	_____	_____	_____	_____
(332)	Templeton Developing Markets VIP 1 <sup>14</sup>	_____	_____	_____	_____

**GOLDMAN SACHS**

(295)	Goldman Sachs VIT Core Fixed Income <sup>12</sup>	_____	_____	_____	_____
(268)	Goldman Sachs VIT Growth Opportunities <sup>3</sup>	_____	_____	_____	_____
(258)	Goldman Sachs VIT International Equity Insights <sup>2</sup>	_____	_____	_____	_____
(257)	Goldman Sachs VIT Large Cap Value <sup>7</sup>	_____	_____	_____	_____
(283)	Goldman Sachs VIT Mid Cap Value <sup>4</sup>	_____	_____	_____	_____
(259)	Goldman Sachs VIT Small Cap Equity Insights <sup>1,2,5</sup>	_____	_____	_____	_____
(256)	Goldman Sachs VIT Strategic Growth <sup>2,4</sup>	_____	_____	_____	_____
(260)	Goldman Sachs VIT U.S. Equity Insights <sup>1,2,5</sup>	_____	_____	_____	_____

**GOLDMAN SACHS FUNDS AVAILABLE ONLY TO APPLICATIONS FOR SOVUL II WITH SIGN DATE 11/4/19 & AFTER <sup>14</sup>**

(333)	Goldman Sachs VIT Core Fixed Income Instl <sup>14</sup>	_____	_____	_____	_____
(334)	Goldman Sachs VIT Mid Cap Value Instl <sup>14</sup>	_____	_____	_____	_____

**INVESCO**

(215)	Invesco Oppenheimer V.I. Capital Appreciation Fund	_____	_____	_____	_____
(354)	Invesco Oppenheimer V.I. Discovery Mid Cap Growth II <sup>15</sup>	_____	_____	_____	_____
(214)	Invesco Oppenheimer V.I. Discovery Mid Cap Growth I <sup>16</sup>	_____	_____	_____	_____
(221)	Invesco Oppenheimer V.I. Global Fund	_____	_____	_____	_____
(217)	Invesco Oppenheimer V.I. Global Strategic Income Fund	_____	_____	_____	_____
(206)	Invesco Oppenheimer V.I. Government Money Fund	_____	_____	_____	_____
(216)	Invesco Oppenheimer V.I. Main Street	_____	_____	_____	_____
(225)	Invesco V.I. American Franchise <sup>1</sup>	_____	_____	_____	_____
(282)	Invesco V.I. American Value <sup>3</sup>	_____	_____	_____	_____
(284)	Invesco V.I. Balanced Risk Allocation <sup>3,6</sup>	_____	_____	_____	_____
(227)	Invesco V.I. Comstock	_____	_____	_____	_____
(241)	Invesco V.I. Equity and Income	_____	_____	_____	_____
(288)	Invesco V.I. Global Real Estate <sup>9</sup>	_____	_____	_____	_____
(285)	Invesco V.I. Government Securities	_____	_____	_____	_____
(228)	Invesco V.I. Growth and Income	_____	_____	_____	_____
(286)	Invesco V.I. International Growth <sup>2,10</sup>	_____	_____	_____	_____
(289)	Invesco V.I. Small Cap Equity <sup>9</sup>	_____	_____	_____	_____

**INVESCO FUNDS AVAILABLE ONLY TO APPLICATIONS FOR SOVUL II WITH SIGN DATE 11/4/19 & AFTER <sup>14</sup>**

(335)	Invesco Oppenheimer V.I. Global VA Non-Svc <sup>14</sup>	_____	_____	_____	_____
(336)	Invesco VI Diversified Dividend I <sup>14</sup>	_____	_____	_____	_____

**LEGG MASON**

(269)	ClearBridge Variable Mid Cap <sup>3</sup>	_____	_____	_____	_____
(270)	ClearBridge Variable Small Cap Growth <sup>3</sup>	_____	_____	_____	_____
(279)	Royce Capital Fund - Micro-Cap <sup>3</sup>	_____	_____	_____	_____
(280)	Royce Capital Fund - Small-Cap <sup>3</sup>	_____	_____	_____	_____

**LEGG MASON FUNDS AVAILABLE ONLY TO APPLICATIONS FOR SOVUL II WITH SIGN DATE 11/4/19 & AFTER <sup>14</sup>**

(337)	ClearBridge Variable Small Cap Growth I <sup>14</sup>	_____	_____	_____	_____
(338)	Royce Capital Small-Cap Inv <sup>14</sup>	_____	_____	_____	_____

**LORD ABBETT**

(236)	Lord Abbett Series Bond Debenture	_____	_____	_____	_____
(240)	Lord Abbett Series Dividend Growth	_____	_____	_____	_____
(271)	Lord Abbett Series Fundamental Equity <sup>3</sup>	_____	_____	_____	_____
(235)	Lord Abbett Series Growth and Income <sup>8</sup>	_____	_____	_____	_____
(239)	Lord Abbett Series Growth Opportunities	_____	_____	_____	_____
(237)	Lord Abbett Series Mid Cap Stock	_____	_____	_____	_____

**MFS**

(290)	MFS® Emerging Markets Equity <sup>9,11</sup>	_____	_____	_____	_____
(210)	MFS® Growth <sup>11</sup>	_____	_____	_____	_____
(291)	MFS® International Value <sup>9,11</sup>	_____	_____	_____	_____
(212)	MFS® Investors Trust <sup>11</sup>	_____	_____	_____	_____
(294)	MFS® MA Investors Growth Stock <sup>11</sup>	_____	_____	_____	_____
(219)	MFS® New Discovery <sup>11</sup>	_____	_____	_____	_____
(211)	MFS® Research <sup>11</sup>	_____	_____	_____	_____
(272)	MFS® Research Bond <sup>3,11</sup>	_____	_____	_____	_____
(213)	MFS® Total Return Bond <sup>11</sup>	_____	_____	_____	_____
(220)	MFS® Utilities <sup>11</sup>	_____	_____	_____	_____
(273)	MFS® Value <sup>3,11</sup>	_____	_____	_____	_____

**MORGAN STANLEY**

(262)	Morgan Stanley V.I. Global Real Estate <sup>8</sup>	_____	_____	_____	_____
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**PIMCO**

(292)	PIMCO VIT All Asset <sup>9</sup>	_____	_____	_____	_____
(274)	PIMCO VIT Long-Term US Government <sup>3</sup>	_____	_____	_____	_____
(275)	PIMCO VIT Low Duration <sup>3</sup>	_____	_____	_____	_____
(276)	PIMCO VIT Real Return <sup>3</sup>	_____	_____	_____	_____
(277)	PIMCO VIT Short-Term <sup>3</sup>	_____	_____	_____	_____
(278)	PIMCO VIT Total Return <sup>3</sup>	_____	_____	_____	_____

**PIMCO FUNDS AVAILABLE ONLY TO APPLICATIONS FOR SOVUL II WITH SIGN DATE 11/4/19 & AFTER <sup>14</sup>**

(339)	PIMCO International Bond Institutional <sup>14</sup>	_____	_____	_____	_____
(340)	PIMCO VIT Short-Term Institutional <sup>14</sup>	_____	_____	_____	_____
(341)	PIMCO VIT Total Return Institutional <sup>14</sup>	_____	_____	_____	_____

**TOPS**

(320)	TOPS® Aggressive Growth ETF <sup>13</sup>	_____	_____	_____	_____
(317)	TOPS® Balanced ETF <sup>13</sup>	_____	_____	_____	_____
(316)	TOPS® Conservative ETF <sup>13</sup>	_____	_____	_____	_____
(319)	TOPS® Growth ETF <sup>13</sup>	_____	_____	_____	_____
(318)	TOPS® Moderate Growth ETF <sup>13</sup>	_____	_____	_____	_____

**TOPS FUNDS AVAILABLE ONLY TO APPLICATIONS FOR SOVUL II WITH SIGN DATE 11/4/19 & AFTER <sup>14</sup>**

(342)	TOPS® Aggressive Growth ETF 1 <sup>14</sup>	_____	_____	_____	_____
(343)	TOPS® Conservative ETF 1 <sup>14</sup>	_____	_____	_____	_____
(344)	TOPS® Growth ETF 1 <sup>14</sup>	_____	_____	_____	_____
(345)	TOPS® Moderate Growth ETF 1 <sup>14</sup>	_____	_____	_____	_____

**VANGUARD FUNDS AVAILABLE ONLY TO APPLICATIONS FOR SOVUL II WITH SIGN DATE 11/4/19 & AFTER <sup>14</sup>**

(346)	Vanguard VIF Capital Growth <sup>14</sup>	_____	_____	_____	_____
(347)	Vanguard VIF Equity Income <sup>14</sup>	_____	_____	_____	_____
(348)	Vanguard VIF International <sup>14</sup>	_____	_____	_____	_____
(311)	Vanguard VIF Real Estate Index <sup>14</sup>	_____	_____	_____	_____
(349)	Vanguard VIF Short Term Investment Grade <sup>14</sup>	_____	_____	_____	_____

**Protective Life General Account**

(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. <sup>11</sup> Not available to applications with sign date on or after 5/1/15. <sup>12</sup> Only available for currently marketed products with application sign date on or after 7/1/15. <sup>13</sup> Only available to ICVUL, SOVUL and SPVUL products. <sup>14</sup> Only available to SOVUL II with application sign date on or after 11/4/19. <sup>15</sup> Only available for ICVUL and SOVUL I products. <sup>16</sup> Not available for ICVUL, SOVUL I or SOVUL II products.

**SIGNATURES:**

_____ <i>Owner Signature</i>	_____ <i>Date</i>	_____ <i>Witness</i>
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_____ <i>Assignee/Irrevocable Beneficiary</i>	_____ <i>Date</i>	_____ <i>Witness</i>
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*(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.)*





Protective Life Insurance Company

P.O. Box 830619

Birmingham, AL 35283-0619

**PRE-AUTHORIZED WITHDRAWAL AGREEMENT**

**FOR DRAFTING OF PREMIUM PAYMENTS**

The person paying the premium on the life insurance policy listed below must sign this agreement.

I request and authorize Protective Life Insurance Company to draw against the account listed below to pay premiums. I understand that no coverage exists until a policy is issued or I receive a Conditional Receipt/Temporary Life Insurance Receipt.

Policy Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Account: ☐ Checking ☐ Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Premium Frequency: ☐ \*Monthly (\*Only available by bank draft) ☐ Quarterly  
☐ Semi-Annually ☐ Annually

- ☐ **Draft the initial premium** - I understand that authorizing the drafting of the initial premium and providing the account information does not provide any life insurance coverage on myself or any applicant listed on the application for life insurance unless I have signed, dated and met the terms and conditions of the Protective Life Conditional Receipt Agreement/Temporary Life Insurance Receipt.

**If the Company receives a Conditional/Temporary Receipt with this form your premium will be drafted immediately and you will be provided with conditional coverage subject to limited terms and conditions.**

**Variable life insurance premiums will not be deducted unless a policy is issued.**

I request future drafts be made on the \_\_\_\_\_ (1st - 28th) day of the month.

\_\_\_\_\_  
Premium Payer - Depositor (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PLEASE INCLUDE A VOIDED CHECK WITH APPLICATION. IF THIS IS TO DRAFT FROM A BROKERAGE ACCOUNT, A VOIDED CHECK IS NOT NECESSARY. DO NOT USE STAPLES.**

# 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	
<p>Check appropriate box for federal tax classification of the person whose name is entered on the Name line above. Check only <b>one</b> of the following seven boxes:</p> <p><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</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note.</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other ▶ _____</p>	<p>Exemptions (codes apply only to certain entities, not individuals)</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the U.S.)</i></p>
Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
City, State, and ZIP code	
List account number(s) here (optional)	

<p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>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 generally your social security (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see Part I 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 <i>How to get a TIN</i> on the W-9 instructions at website listed below.</p> <p><b>Note.</b> If the account is in more than one name, please refer to the W-9 instructions for guidelines on whose number to enter. Also, see <i>What Name and Number to Give the Requester</i> for guidelines on whose number to enter.</p>	<p><b>Social security number</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="width: 10px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="width: 10px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="2"></td> <td style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table> <p><b>Employer identification number</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="width: 10px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> <td style="border: 1px solid black; width: 25px; height: 30px;"></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">-</td> <td colspan="8"></td> </tr> </table>															-			-																		-								
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<p><b>Part II Certification</b></p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>I am a U.S. citizen or other U.S. person, and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification instructions.</b> 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.</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">Sign Here</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">Signature of U.S. person ▶</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: center;">Date ▶</td> </tr> </table>	Sign Here	Signature of U.S. person ▶	Date ▶
Sign Here	Signature of U.S. person ▶	Date ▶		

**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 24% on those amounts.