

Protective Life Insurance Company

Life Benefits
PO Box 12486
Birmingham, AL 35202



We are very sorry to learn about your recent loss and extend our sincere condolences. At Protective Life, we understand how important life insurance can be in protecting the financial futures of the people who depend on us. Serving the needs of beneficiaries for over one hundred years, we have learned a great deal about how to best assist you during this difficult period.

During this burdensome time, we want to make it as simple as possible for you to begin the process to make a life insurance claim. To that end, we have enclosed some brief forms that need to be completed and signed by you. Please be sure that the forms are dated and that you obtain the signature of an unrelated witness, which should be added to the bottom portion of the documents.

To complete the process, we would ask that you include two additional items:

- A Certified Death Certificate listing cause and manner of death
- Original policy or the certificate of insurance. If these documents are not easily accessible, in SECTION D of the claim form select "The Original policy(ies), or a copy, cannot be found."

Also enclosed is an IRS Form W-9 (Request for Taxpayer Identification Number and Certification). You need to complete and sign this and return it to us along with the other documents we are requesting.

To provide a safe and secure method for receiving the proceeds from your claim, the funds will be placed in a FREE interest-bearing account that provides immediate access to 100% of the proceeds. This *Immediate Benefit Account* also gives you time to consider carefully how you wish to use or invest the money you have received, while continuing to receive a competitive interest rate of 0.40% APY.* The APY varies with the market and is subject to change.

We hope that you will find this process to be convenient and accessible. Our commitment to our policyholders is to provide their loved ones with respect and assistance in navigating through some of the financial complexities that they are facing during this trying time.

We want to be sure that you benefit from our experience and invite you to contact us at 1-800-424-1592 if we may provide additional information or help.

Sincerely,
Claims Department

* The Annual Percentage Yield (APY) as advertised is accurate as of April 1, 2014. Interest rate and APY are subject to change without notice at any time before and after an Immediate Benefit Account is opened. CLC.1114.07.14

CLAIMANT'S STATEMENT

Instructions: Please read the following instructions before completing any part of this form. Every question must be answered completely. The insurance company ("Company") reserves the right to require or obtain further information should it be deemed necessary. To assist us in processing your claim as soon as possible, please provide the following documents:

- **Claimant's Statement:** This must be completed by the beneficiary; if there is more than one beneficiary, each must complete a separate statement.
- **Death Certificate:** A certified death certificate issued by the appropriate government entity (e.g. County Health Department, Vital Statistics Department) is to be returned with the claimant's statement.
- **Policy:** The original policy contract should be sent with this statement. If you are unable to locate the contract, please note that on the claim form in SECTION D.
- **Complete SECTION F** if the deceased died within 2 years after the Issue Date of the policy.

Minor Beneficiaries (Under 18 Years) and Beneficiaries who are Mentally Incompetent - When the proceeds are payable to a minor child or to a mentally incompetent person, this statement must be executed by a person named as Guardian. Please furnish the court appointed Guardianship Papers for the Estate of each minor child. Custody papers are not acceptable. If signing for an incompetent person, either Guardianship Papers or the Durable Power of Attorney papers should be furnished.

Estate as the Beneficiary - When the proceeds are payable to the Estate of an individual, this Statement must be executed by the court appointed Executor(s), Administrator(s), or Personal Representative. A copy of the court appointment and qualification must be furnished.

SECTION A - INFORMATION ABOUT THE DECEASED

Name of Deceased: (List all names and alternate spellings, including maiden name, nickname or alias.)				
List all Policy Number(s):				
Deceased's Social Security Number:		Deceased's Date of Birth:		Deceased's Place of Birth:
Date of Death:	Cause of Death:		If cause of death was other than natural*: <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Accident	
Deceased's Legal Residence Street Address:		City:	State:	Zip:
Deceased's Occupation:			Place of Death(City, State/Province Country):	
Funeral Home Name:		City:		State:

***Note:** If the death was due to suicide, homicide, or an accident, please provide a coroner's report and a copy of the Investigating Officer's Report.

If you have any questions or need additional information, please call 1-800-424-1592.

SECTION B - INFORMATION ABOUT THE BENEFICIARY

Beneficiary Name (First, Middle, Last):		Day Time Telephone Number:	
Beneficiary's Street Address:	City:	State:	Zip:
Beneficiary's Social Security Number/Tax ID#:	Beneficiary's Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to Deceased: <input type="checkbox"/> Spouse/Domestic* Partner <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other(<i>Explain</i>) _____		Email Address:	

* A spouse, and other similar terms, will include a bona fide domestic partner in states that afford legal recognition to same-sex Civil Unions.

Note: If there is more than one beneficiary, please complete additional Beneficiary Statement(s) and attach to this form. See enclosed Fraudulent Claim Warnings.

SECTION C - SETTLEMENT PAYMENT ELECTION

For claims of \$10,000 or more, we establish an Immediate Benefit Account for you. The Immediate Benefit Account offers a convenient way to access your money, earn interest and take your time to make investment decisions. You receive a "checkbook," competitive interest rate and complete access to your money. We provide this as a FREE service. The enclosed brochure explains how the account works, along with its advantages.

If you choose, you can opt to receive your funds in a lump sum check. This option eliminates your ability to have an Immediate Benefit Account.

If you don't have an immediate need for your funds, you may want to consider a payment option. You can typically choose from four different types: 1) Payments for a Fixed Period, 2) Payments for Life with a Guaranteed Fixed Period, 3) Interest Income or 4) Payments of a Fixed Amount. For more details, contact us at 1-800-424-1592 or see the enclosed Settlement Options.

If you would prefer something other than an Immediate Benefit Account, please indicate your choice here:

If you do not specify a form of payment above, you will receive an Immediate Benefit Account, unless payment by check is required by state law, rule or regulation.

If you have any questions or need additional information, please call 1-800-424-1592.

SECTION D - POLICY/DEATH CERTIFICATE

Please indicate all statements that apply:

- A certified copy of the death certificate is enclosed.
- The original policy(ies) is enclosed.
- The original policy(ies), or a copy, cannot be found.
- The documents for a beneficiary trust are enclosed.
- The beneficiary trust continues to be in full force and effect.
- The beneficiary is a minor or mentally incompetent, and the court-appointed Guardianship Papers or Durable Power of Attorney is enclosed.

Note: Please ensure that you submit the appropriate documents and mark all applicable statements. An incomplete claim could result in a payment delay. We cannot return death certificates.

SECTION E - CERTIFICATION

The undersigned hereby makes claim to said insurance Company and certifies the above statements are true and complete. The undersigned agrees that furnishing this form shall not constitute nor be considered an admission by the Company that there was any insurance in force on the life in question.

- Under penalties of perjury, I certify that the Social Security Number (Tax ID Number) provided is correct. I also certify that I am not subject to backup withholding because I have never been notified that I am subject to backup withholding or because the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- **Persons and Organizations Authorized to Release and Disclose Information:** I authorize the Company and its subsidiaries to release health/medical information such as information about the usage of drugs, alcohol, nicotine, physical disease/illness and mental disease to other insurance companies, MIB Claim Activity Index and employers. (Authorization valid for 24 months from date of signature may be revoked at any time.)
- Any person who knowingly and 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 is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

By my signature below, I acknowledge that I have read, understand, and agree to the conditions described above and in the enclosed Fraudulent Claim Warnings.

Beneficiary Signature (as you would sign a check)	Print Beneficiary Name	Date
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Witness must be unrelated and of legal age.

Witness Signature (as you would sign a check)	Witness Name	Date
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Witness Mailing Address	City	State	Zip Code
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NOTE: Please complete SECTION F on the following page if the deceased died within 2 years of the policy's Issue Date.

If you have any questions or need additional information, please call 1-800-424-1592.

SECTION F - Complete this section if the deceased died within 2 years of the policy's Issue Date.

List all known life insurance policies for the Deceased			
Company Name	Policy Dates	Amounts of Insurance	
When did the deceased first complain or give other indication of the illness which caused his/her death?			
When did the deceased first consult a physician or other practitioner for the illness which caused his/her death?			
When did the deceased last attend to his/her usual work?			
Name and address of all physicians who attended the deceased during the last illness and during the three years prior:			
Name	Address	Date of Attendance	Disease or Condition

If you have any questions or need additional information, please call 1-800-424-1592.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 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 (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. 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.

Social security number									
				-			-		
or									
Employer identification number									
					-				

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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 (defined below); 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. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Fraudulent Claim Warnings

- Any person with intent to defraud who files an application or a claim containing false or misleading information is guilty of insurance fraud. Anyone who knows that someone is committing fraud against an insurer is guilty as well.
- Some states require that we provide specific fraud claim warning language. Before signing the claim form, please read the warning for the state where you live and the state where the insurance policy was issued.

Arkansas, Louisiana, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents a false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to civil and criminal penalties.

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

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Washington DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false incomplete, or misleading information is guilty of a felony in the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company of other person files a 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 is a crime.

Maine: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: “Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.” MD code Ann. Ins. HB 301' 27-805.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and 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 is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

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

Puerto Rico: Any person who, knowingly and with intention of defrauding presents false information in an insurance application, or presents, helps or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia, Washington: It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (NAIC Model)

SETTLEMENT OPTIONS

If you don't have an immediate need for your funds, you may want to consider a payment option. You can typically choose from four different types:

- 1) Payments for a Fixed Period,
- 2) Payments for Life with a Guaranteed Fixed Period,
- 3) Interest Income
- 4) Payments of a Fixed Amount.

For more details, please contact us at 1-800-424-1592.

Option 1: Payments for a Fixed Period

We will make equal monthly payments on the same day of each month for up to 30 years. The amount of each payment depends upon the amount applied to the settlement option, the period selected, and the interest rate in effect at the time the payments are determined.

Option 2: Payments for Life with a Guaranteed Fixed Period

We will make equal monthly payments on the same day of each month for the life of a designated person with payments guaranteed for either 10 or 20 years. Payments stop at the end of the guaranteed period or when the designated person dies, whichever is later. .

Option 3: Interest Income

We make payments according to written instructions we receive and credit interest on the unpaid balance. We, in our sole discretion, establish the current interest rate on settlement option 3 from time to time, but will not declare an annual effective interest rate less than the rate guaranteed in the policy for this option.

Option 4: Payments of a Fixed Amount

We will make fixed payments on the same day of each month in the amount agreed upon between you and us. The amount of each payment may not be less than \$10 for each \$1,000 applied to the settlement option. Interest will be credited to the unpaid balance at a rate set by us (from time to time), but we will not declare an annual effective interest rate less than the rate guaranteed in the policy for this option. The fixed payments will continue until the amount we hold runs out. The last payment will be for the unpaid balance only.

IMPORTANT PRIVACY CHOICES FOR CONSUMERS

Protective Life Insurance Company

P.O. Box 2606

Birmingham, Alabama 35202

Protecting the privacy of information about our customers is important. This notice tells you how we treat information about our customers. We treat information about our former customers the same as we treat information about our current customers. **We do not sell information about our customers.**

We get most of the information we need from customer applications and other forms. If a customer authorizes it, we may get information from other sources. For example, when a person applies for life insurance we may ask for permission to get information from

- Insurance support organizations such as the Medical Information Bureau and
- Consumer reporting agencies.

We also get information as we process customer transactions. The information we may have includes

Identifying Information such as

- Name,
- Address,
- Telephone Number,
- Demographic Data;

Financial Information such as

- Credit History,
- Income,
- Assets,
- Other Insurance Products; and

Health Information such as

- Medical history and
- Other factors affecting insurability.

We use the information for business and marketing purposes, such as

- Processing applications, claims, and transactions,
- Servicing your business, and
- Offering you other products and services.

We share the information with affiliates and others who provide services to help us process or administer our business. For example, we may share information with others who:

- Print our customer statements,
- Help us underwrite life insurance applications,
- Help us process claims, and
- Conducts surveys, analyze information, or help us market our own products to you.

Protective Life Insurance Company
West Coast Life Insurance Company
Protective Life and Annuity Insurance Co.
ProEquities, Inc.
First Protective Insurance Group, Inc.
Lyndon Property Insurance Company
Western Diversified Services, Inc.

The Advantage Warranty Corporation
First Protection Corporation
Protective Administrative Services, Inc.
Western General Dealer Services, Inc.
First Protection Corporation of Florida
National Warranty of Florida, Inc.
Western General Warranty Corporation

Western General Warranty, Inc.
Lyndon-DFS Administrative Services Inc.
Acceleration National Service Corporation
Warranty Business Services Corporation

PLICO Privacy Notice 1-2013

RESTRICT INFORMATION SHARING WITH COMPANIES WE OWN OR CONTROL (AFFILIATES) AND RESTRICT INFORMATION SHARING WITH OTHER COMPANIES WE DO BUSINESS WITH TO PROVIDE FINANCIAL PRODUCTS AND SERVICES

Unless you opt out, our affiliates (including the list below) may use the information we share with them to market to you. We may also share information with other companies so that we can jointly market a product or service to you.

You can opt out by calling the toll-free number 1-855-907-6137. Even if you don't opt out, your information will not be sold to third parties for marketing purposes.

ADDITIONAL INFORMATION

We will not share information with anyone else unless we have your permission, or we are allowed or required by law to disclose it.

We maintain physical, electronic and procedural safeguards to protect it. Access to customer information is limited to people who need access to it in order to do their jobs.

We require that our service providers limit their use of the information we share and keep it confidential.

You should know that your insurance sales agent is independent. The use and security of information an agent gets is his or her responsibility. Please contact your agent if you have questions about his or her privacy policy.

We have the right to change our Privacy Policy. If we make a material change to our Privacy Policy, we will notify you before we put it into effect.

CONTACT INFORMATION

If you have questions about our privacy policy, please call us at 1-855-907-6137 or write us at:

Protective Life Insurance Company
P.O. Box 2606
Birmingham, Alabama 35202

Q&A Immediate Benefit Account

What is the Immediate Benefit Account?

A Protective Life Immediate Benefit Account ("Account") is a free, convenient, stress-free way to access your life insurance or annuity death benefits. Rather than receive your benefit in a single, lump-sum check, the money gets deposited into a draft account (which is similar to an interest-bearing checking account). Payment of the death benefit is satisfied by the deposit of the funds into the Account. You can use the money as you see fit and take your time deciding how to invest it. You may write drafts ("checks") as needed or write one check for the entire balance including interest.

Is the Immediate Benefit Account Insured?

The Account is not insured or guaranteed by the FDIC or any other government agency, but it is guaranteed by your State Guaranty Association. A lengthy delay is possible before you can get the proceeds if insolvency occurs. Contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about coverage limitations. **YOU CAN ALSO CONTACT YOUR STATE DEPARTMENT OF INSURANCE** (www.naic.org/state_web_map.htm).

The Account is backed by the claims-paying ability of the company (or its successor) that issued your contract. Funds are held within Protective Life's general account. We may receive income from the amounts held in the Account.

Who is eligible for an Immediate Benefit Account?

A beneficiary receiving a death benefit payment or an annuity payment that exceeds \$10,000.

Can I deposit additional money into the Immediate Benefit Account?

No. Protective Life is not a bank and cannot accept deposits into the Account. We provide this free service for your convenience.

When is the Immediate Benefit Account available?

The day your claim is processed, Protective Life establishes an interest-bearing draft account on behalf of each beneficiary. The Account begins earning interest the following day. Each beneficiary receives a "checkbook" to write checks.

Is the Immediate Benefit Account better than receiving a single check?

For many people, making a large financial decision is difficult, particularly during a time of mourning. The Account provides you time, and allows you to earn interest on the insurance proceeds while you're deciding how to invest them. The Account also provides a convenient way to pay for funeral, household and other expenses.

How an Immediate Benefit Account Works

- You write checks just as you would with a personal checking account. Checks may be written for any purpose, at any time and in any amount up to the remaining Account balance. (Checks should be written for a minimum amount of \$250.)
- If you decide to invest or use all of the money, you may write a check for the entire balance including interest and the Account will automatically close. In addition other available settlement options are preserved and may be used until the entire balance is withdrawn or the balance falls below \$2000.
- Your Account will earn interest that compounds daily and helps your money to work for you. The interest rate will be adjusted periodically. It will be no less than the monthly U.S. Money Market Accounts national average as reported on www.Bankrate.com. The interest rate you receive is not related to the rate of return on the funds in Protective's general account. All drafts are payable through Bank of New York Mellon.

See additional information on reverse side.

How an Immediate Benefit Account Works

- You may order additional checks at no cost.
- You will receive a quarterly statement by postal mail (monthly when there is activity in the Account) with details about checks written, your remaining balance, the interest rate, and any changes to the interest rate.
- You will not be charged any fees or service charges. We do not anticipate any delays or limitations in processing your transactions.
- The account will stay open as long as you maintain a minimum balance of \$2,000. Once the balance drops below \$2,000, the account will automatically close, and we will forward any remaining funds plus interest earnings to you.
- There may be tax implications on the interest earned on your Account; please consult your tax advisor.
- If there is no activity (i.e., withdrawals) on your Account within any one (1) year period, we will attempt to contact you at your last known address to discuss your Account and any options available to you. If we are unable to contact you, the funds may be escheated to the state based on the state unclaimed property requirements.

Questions about the Immediate Benefit Account?

If you have questions, please call the Immediate Benefit Account Services at 1-866-412-2071. We will be happy to help you.

An Immediate Benefit Account

Gives you access to your funds while earning a competitive interest rate.

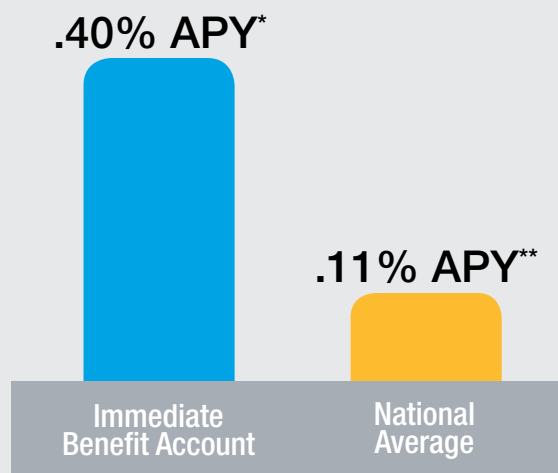


Give yourself flexibility, time to decide, while earning interest.

We understand that losing someone dear brings an array of challenges, from emotional to financial. Making a decision about what to do with your benefit funds can be overwhelming at a time like this. Our Immediate Benefit Account can help make life easier.

The Immediate Benefit Account offers the convenience of an interest-bearing draft account (similar to a checking account) for your funds instead of a one-time, lump-sum check. If your benefit amount is \$10,000 or higher, you can receive a personal checkbook and write checks to third parties, including individuals, stores, creditors, banks, brokerage firms and other financial institutions. You can also write a check to withdraw your entire balance and close your account at any time.

See How Our Immediate Benefit Account Compares to the National Savings Average**



* The Annual Percentage Yield (APY) as advertised is accurate as of April 1, 2014. Interest rate and APY are subject to change without notice at any time before and after an Immediate Benefit Account is opened.

** The National Average APY is the Money Market Account (MMA) & Savings Bankrate.com National Average reported by Bankrate.com as of April 1, 2014. The Bankrate.com National APY Average is only available for MMA products in any denomination exclusively. For MMA & Savings products in any denomination, the presented Bankrate.com National APY Average are averages of the MMA products only, and are not inclusive of Savings products APY rates.

The account is free. The interest is competitive. The convenience is priceless.

The Immediate Benefit Account provides you:

Convenient access to your money

Your funds are available immediately, so there's no need to wait for a lump-sum check to clear your bank.

A competitive interest rate

Your **Immediate Benefit Account** balance earns interest¹. What's more:

- The interest rate is consistently higher than the average rates paid by banks and money market mutual funds for similar accounts. The rate is adjusted periodically according to market conditions.
- You earn continuous interest from the moment the claim is approved, until the last dollar is withdrawn.
- The interest compounds daily, so your money works for you.

The convenience of a draft account

The **Immediate Benefit Account** works similar to a personal checking account². You receive a personalized checkbook for the account where the death benefit check has been deposited. You can then write checks to pay bills, make investments, or make purchases. Here's how it works:

- Write checks for any purpose, \$250 or higher, up to the remaining balance in your account.
- View your account any time online.
- Order additional checks at no cost.
- Keep the account open as long as you like by maintaining a minimum balance of \$2000³.
- Receive quarterly statements by postal mail showing your account activities.
- Pay no monthly fees or service charges.

Flexibility... and time to make comfortable financial decisions

During a time of grief, making serious financial decisions can add to the stress. The **Immediate Benefit Account** gives you time to heal and plan, so that you are comfortable in how to utilize your funds. In the meantime, you enjoy full access to the money and earn interest too. The account is designed to:

- Eliminate the need for critical financial decisions during a difficult time.
- Provide money for any need, including funeral costs, household bills and urgent expenses.
- Allow you a comfortable way to manage your benefits, with interest.



This brochure is intended to introduce you to the Immediate Benefit Account and how it can work for you. Please see the Immediate Benefit Account Q&A for more important details.

¹ There may be tax implications on the interest earned on the Immediate Benefit Account; please consult your tax advisor.

² The Immediate Benefit Account is for the death benefit funds only. Additional money cannot be deposited.

³ Once the balance in the Immediate Benefit Account becomes less than \$2000, the account will automatically close, and we will forward any remaining funds plus interest earnings to you. In addition, other available settlement options are preserved and may be used until the entire balance is withdrawn or the balance falls below \$2000.

Under the Immediate Benefit Account, the Account balance will earn interest that compounds daily and helps your money work for you. The interest rate will be adjusted periodically and will be no less than the monthly average of the Bankrate.com U.S. Money Market Accounts national average, as reported on Bankrate.com. The interest rate credited to your Account is not related to the rate of return on the assets of Protective's general account. The Account will be backed by the claims-paying ability of the company (or its successor) that issued your contract.

The Account is not insured or guaranteed by the FDIC or any other government agency, but is guaranteed by your State Guaranty Association. Contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about coverage limitations applicable to your Account. For further information, please contact your State Department of Insurance (www.naic.org/state_web_map.htm).

In the event there is no activity (i.e., withdrawals) on your Account within any one (1) year period, we will attempt to contact you at your last known address in order to discuss the Account and any options available to you.

A spouse, and other similar terms, will include a bona fide domestic partner in states that afford legal recognition to same-sex Civil Unions.

Immediate Benefit Accounts are available to select beneficiaries of Protective Life Insurance Company, Protective Life & Annuity Insurance Company, MONY Life Insurance Company and West Coast Life Insurance Company, which are affiliates of Protective, as well as select beneficiaries of MONY Life Insurance Company of America and Zurich American Life Insurance Company for which Protective Life Insurance Company serves as administrator. Protective and Protective Life, wherever used, refer to any or all of these companies.

Protective Life Insurance Company, Protective Life & Annuity Insurance Company and West Coast Life Insurance Company are located in Birmingham, AL; MONY Life Insurance Company is located in Syracuse, NY; and, each is solely responsible for the financial obligations accruing under the products it issues.