

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



POLICY NO: \_\_\_\_\_

INSURED'S NAME: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

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**INSURANCE & ANNUITY  
CHANGE OF INVESTMENT DEALER AUTHORIZATION  
AND/OR BROKER OF RECORD CHANGE AUTHORIZATION**

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Please consider this letter as authorization to change the investment dealer on my (our) annuity/insurance with Protective Life Insurance Company on contract/policy number \_\_\_\_\_ as follows:

Old Broker Dealer's Name: \_\_\_\_\_

New Broker Dealer's Name: \_\_\_\_\_

The broker of record on the annuity/insurance should be \_\_\_\_\_  
(Investment Broker's Name)

My (our) present address on the contract/policy is as follows:

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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**SIGN HERE FOR THE ABOVE REQUEST**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Current Address

\_\_\_\_\_  
Owner's Daytime Telephone Number