Protective Life Insurance Company
Providing Services for Athene Annuity & Life Assurance
P.O. Box 12687 Birmingham, AL 35202-6687



Policy Number:			
Insured's Name:		Owner's Name:	
	CH	IANGE OF NAME	
		its records to reflect that on	
reason or		(Marriage, Divorce, (Owner)	etc.), the name of the (Insured)
		(Other)	(If Other, Specify)
		s, where applicable. Name change reque	
effectuating change of na	ame along with this comp	R THE ABOVE REQUEST(S)	
Please	e read the Signature Re	quirements to avoid a delay in processir	ng.
Witness	Date	Owner's Signature (Provide title if officer of corporation)	Date
		Owner Current Address	·
		Owner Daytime Telephone	
Witness	 Date	Owner's Signature (Provide title if officer of corporation)	Date
		Owner Current Address	
		Owner Daytime Telephone	· · · · · · · · · · · · · · · · · · ·
Athene Annuity & Life As	ssurance has approved a	nd recorded the change requested above o	n
Lrank Kral	20	John L. Holden	
President		Secretary	

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SIGNATURE REQUIREMENTS

- 1. Please complete the forms in BLACK ink to ensure that they are legible for processing.
- 2. If the Policy is assigned, the Assignee does not have to sign.
- 3. If the Owner resides in a Community Property State, we recommend that the Owner's spouse join in signing this form. This is for the protection of both parties.
- 4. If the Policy is owned by a partnership, association or company, this form should be signed by an officer other than the Insured.
- 5. If the Policy is owned by a corporation, this form must be signed by an officer other than the Insured and that signature must be attested by the Secretary of the corporation or two officers should sign. If there is only one corporate officer, please advise us on this form.
- 6. Signatures must be witnessed by a disinterested party of legal age.