Protective Life Insurance Company
Life Benefits
PO Box 12486
Birmingham, AL 35202
1-800-424-1592

Protective
Life Insurance Company

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*:** ☐ **Suicide** ☐ **Homicide** ☐ **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:** ☐ Male ☐ Female	
Relationship to Deceased: ☐ Spouse/Domestic* Partner ☐ Sibling ☐ Child ☐ Other(*Explain*)_____		**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.

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 heath/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**

Witness must be unrelated and of legal age.

Witness Signature (as you would sign a check) **Witness Name** **Date**

Witness Mailing Address **City** **State** **Zip Code**

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.

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

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.

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.

Social security number

			–			–				

or

Employer identification number

		–						

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** ▶

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.