

West Coast Life Insurance Company
Life and Health Insurance Administration
PO Box 12687
Birmingham, AL 35202-6687



POLICY NO: _____

INSURED'S NAME: _____

OWNER'S NAME: _____

Change of Beneficiary

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: (Print full names and relationship to the insured)

<u>Name</u>	<u>SSN/Tax ID</u>	<u>DOB</u>	<u>Address/Phone #</u>	<u>Relationship</u>	<u>%</u>	<u>Trust Date, if applicable</u>
-------------	-------------------	------------	------------------------	---------------------	----------	--------------------------------------

If more than one primary 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 beneficiary(s). If there are no surviving primary beneficiary(s), then the proceeds will be paid to the contingent beneficiary(s). If a beneficiary is a minor at the time of death of the insured, it may be necessary to delay the payment of the death benefit until a court appoints a guardian of the estate of the minor. Before naming a minor as beneficiary, we recommend you consult an attorney about options, such as creating and naming a trust, making a designation under your state's Uniform Transfers to Minors Act, or other beneficiary designations.

CONTINGENT BENEFICIARY: (Print full names and relationship to the insured)

<u>Name</u>	<u>SSN/Tax ID</u>	<u>DOB</u>	<u>Address/Phone #</u>	<u>Relationship</u>	<u>%</u>	<u>Trust Date, if applicable</u>
-------------	-------------------	------------	------------------------	---------------------	----------	--------------------------------------

If more than one 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 contingent beneficiary(s). If there are no surviving contingent beneficiary(s), then the proceeds will be paid to the executors, administrators, or assigns of the owner.

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(s) as if such beneficiary so dying had not survived the Insured.

West Coast Life Insurance Company
Life and Health Insurance Administration
PO Box 12687
Birmingham, AL 35202-6687

POLICY NO: _____ INSURED'S NAME: _____

SIGN HERE FOR CHANGE OF BENEFICIARY REQUEST(S)

Protective Life Insurance Company agrees that, if the policy requires endorsement or amendment for the requested change of beneficiary, recording and mailing a copy of this form will constitute such endorsement or amendment.

_____	_____	_____
Witness	Owner's Signature (provide title if officer of corporation)	Date

	Owner Current Address	

	Owner Daytime Telephone	

_____	_____	_____
Witness	Owner's Signature (provide title if officer of corporation)	Date

	Owner Current Address	

	Owner Daytime Telephone	

West Coast Life Insurance Company has approved and recorded the change requested above on:

_____.



Registrar

Assistant Vice President

SIGNATURE REQUIREMENTS

1. If the Policy is assigned, the Assignee does not have to sign.
2. 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.
3. If the Policy is owned by a partnership, association or company, this form should be signed by an officer other than the Insured.
4. 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.
5. Signatures must be witnessed by a disinterested party of legal age.