

Protective Life Insurance Company
Post Office Box 12486
Birmingham, AL 35202-6687
1-800-424-1592



06/13/2024

Kenneth Smith
327 Sandra Dr.
Winchester, KY 40391

Re: Protective Life Insurance Company
Policy/Contract #: F081009774
Insured/Decedent: LINDA SMITH
Case Number: 0100305976

Dear Kenneth Smith:

Please accept our sincere condolences on the passing of LINDA SMITH. We understand this is a difficult time, and we are here to help. Our mission is to make the claim process as simple as possible.

Our records indicate that the beneficiaries for this policy or contract are:

Linda L Smith Living Trust Dated 11/19/04

We have attached the claim forms with instructions necessary to file your claim. To process your claim, we require the following documents:

- ☐ Complete the enclosed claim form in its entirety by each beneficiary.
- ☐ A certified copy of the Death Certificate showing the Cause and Manner of Death.
- ☐ Return the original policy or contract if available.
- ☐ Please return a copy of the Trust Agreement or a certificate of trust

To track the progress of your claim and receive status updates you can visit our website and create an account at claims.protective.com or scan the QR code to the right.



We offer several methods of payment for your benefit. You may choose to receive a payment by check, electronic deposit, or deposit into an *Immediate Benefit Account* or choose one of the settlement options available for this product. Additional details regarding the *Immediate Benefit Account* and settlement options are included in this packet.

If you have questions please refer to our FAQ at www.protective.com/claims/claims-faqs. If you need additional assistance, please call us at 1-800-424-1592. Our claim specialists are available 7 a.m. to 6:30 p.m. CST Monday - Thursday and 7 a.m. to 5 p.m. CST Friday. We look forward to helping you any way we can during this time.

Sincerely,

Thomas Fisher
Customer Claims Specialist

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 false or fraudulent information to obtain or amend insurance coverage or to make a 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).

CLAIMANT STATEMENT

General Instructions

- Please provide the requested information along with the completed claimant statement forms with appropriate witness signatures and titles as required. We accept legible Copies, Faxes or E-mails.
- **Claimant Statement:** The beneficiary must complete a Claimant statement. If there is more than one Beneficiary each Beneficiary must complete a separate Claimant Statement.
- **Qualified annuities:** The IRS may require you to have a Required Minimum Distribution (RMD) each year. In general, you have a RMD in a year if either 1) the deceased owner died on or after their Required Beginning Date (RBD), or 2) based upon your age you have reached your RBD. A person's RBD is April 1st of the year following the year of their 73rd birthday. If a beneficiary is an estate, trust, or charity, then their RBD will be the year following the year that the deceased owner would (had they lived) have reached their RBD. You may meet this balance's RMD from another account. Furthermore, in some of the payment choices below you may request that the Company distribute to you an additional \$ amount. This may be necessary for you to determine in a year that your total distributions from your qualified accounts equals the sum of your accounts' RMDs. For this purpose, certain groupings of accounts are permitted. However, inherited accounts are grouped separately. In general, the IRS imposes an excise tax on taxpayers whose total distributions are less than the sum of their account's RMDs. In general, regarding inherited accounts, future contributions are not permitted. Please consult your tax advisor if you have an RMD or are transferring this death benefit to an inherited account.
- **Like-kind exchanges:** If you are exchanging your death benefit to another insurance company, the IRS-prescribed time limits on your benefit payout will carry-over to your balance at the new company. Many of these limits are expressed in this form. For example (and as shown below in Option 2 regarding certain beneficiaries of a non-qualified annuity), the deferral of your benefit payout cannot extend beyond the 5th anniversary of the owner's death. Please consult your tax advisor if you are exchanging your benefit to another company.
- **A death certificate is required for all annuity claims:** The death certificate must include a cause and manner of death. If the decedent was a US citizen and died in a foreign country, a Report of the Death of a US Citizen Abroad is required. We also require a foreign death questionnaire.
- **Original Policy:** The original policy contract should be sent with this statement. If you are unable to locate the policy, please note that in Section G of the Claimant Statement.
- **Required if your name has changed:** Documentation/Statement to support the change.
- **Required if the designated recipient is a minor (Under 18 years old):** Court-certified Letters of **Financial Guardianship** or **Conservatorship for the minor's estate** is required. Custody documents will not be accepted in lieu of Court-certified Letters of Financial Guardianship or Conservatorship. If the contract value is within UTMA guidelines, a copy of the Affidavit under UTMA may be provided in lieu of Letters of Financial Guardianship or Conservatorship. Please contact Protective Life to obtain the form.
- **Required if a power of attorney is used on behalf of a designated recipient:** A copy of a Durable Power of Attorney document.
- **Estate as Beneficiary:** When proceeds are payable to the Estate of an individual, the Claimant Statement must be executed by the court appointed Executor/Executrix, Administrator(s), or Personal Representative. A copy of the court appointment and qualification **must be** submitted with the Claimant Statement.
- **Trust as a Beneficiary:** If a Trust is the Beneficiary, in general we need a copy of the Trust agreement. In-lieu of receiving the entire agreement we will accept a copy of the first page, the page naming the trustee and successor trustee, and the signature page. If you have a Certificate of Trust, we will accept that as well. The trustee or successor trustee (whichever is appropriate) should complete the Claimant Statement and sign his/her name in the capacity of trustee.
- **Corporations as Beneficiary:** We will need a copy of the corporate resolution showing the person signing on behalf of the corporation has that authority.

Important Information:

Please complete and return the Claimant Statement in a timely manner. Certain claim options may be forfeited if action is not taken in a timely manner. Additionally, if no action is taken by the maximum time limit under state unclaimed property guidelines, Protective Life is required to terminate the contract and funds will be labeled as unclaimed property for escheatment to the appropriate state based on the state guidelines.

The information on this Claimant's Statement is furnished by the Claimant for the purpose of claiming the proceeds of the contract number(s) listed below. By furnishing this Claimant's Statement form and investigating the claim, the Company shall not be held to admit the validity of any claim or to waive the breach of any condition of the contract. A Claimant's Statement must be completed in all cases. All sections of this Claimant's Statement must be completed, signed, and witnessed by a non-related witness. If there are two or more beneficiaries, each beneficiary must complete a separate Claimant's Statement. The Company must receive a copy of the certified death certificate prior to payment of any claim. Once completed, please return via U.S. Mail, Fax (205-268-6479) or by E-mail at claims@protective.com.

CLAIMANT'S STATEMENT DISCLOSURE

Please note that the applicable Death Benefit will be determined by contract language.

SECTION A – Information on Deceased

Please also list any other names by which the deceased may have been known. This should include maiden name, nicknames, hyphenated names, derivative forms of first or middle names, and any alias.

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:

SECTION B – Information on Claimant

If claimant is a minor child, an appropriate guardian under applicable state law must sign as claimant.

Name (First, Middle, Last or Entity Name):				
Physical Address:				
Street		City	State	Zip Code
Mailing Address (if different from above):				
Street		City	State	Zip Code
Social Security Number (If individual):		Taxpayer ID Number (If the Beneficiary is an estate, trust, or charity etc.):		
Date of Birth (If individual):	Gender (If individual): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Daytime Phone Number:	
Relationship to Deceased: <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Ex-Spouse/Domestic Partner <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other (<i>Explain</i>) _____			Email Address:	

SECTION B – Continued

The following tax-related definitions will be used in Section C (Options 2, 4, or 5) below.

Please select one of the options below. This information is for your payment options in Section C (Options 2, 4, or 5) below. Please ensure that you select the correct beneficiary type below. You may need to consult your tax advisor for assistance. In general, the Company will not verify that the beneficiary meets the criteria for the category that is selected below.

☐ **Eligible Designated Beneficiary (applicable to qualified annuities)**

An individual who 1) per Protective's records was designated by the deceased owner as a beneficiary of this contract, and 2) on the deceased owner's date of death meets any 1 or more of the following criteria:

- a. The surviving spouse of the deceased owner
- b. A minor child of the deceased owner. For this purpose, a minor child is less than 21 years old.
- c. A disabled individual
- d. A chronically ill individual
- e. An individual who is no more than ten years younger than the deceased owner

☐ **Designated Beneficiary (applicable to qualified and non-qualified annuities)**

An individual who per Protective's records was designated by the deceased owner as a beneficiary of this contract

☐ **Other Beneficiary (applicable to qualified and non-qualified annuities)**

A beneficiary that meets any of the following criteria:

- a. An individual who per Protective's records was not designated by the deceased owner as a beneficiary. Such individual is a beneficiary because the owner's will or the court has identified them as such.
- b. A charity
- c. An estate
- d. Most trusts. Please contact Protective if you believe that your trust qualifies as an EDB or a DB above.

☐ **Second Beneficiary (applicable to qualified and non-qualified annuities).** A Second Beneficiary may only choose below Option 3 – Lump Sum.

A beneficiary that meets all of the following criteria:

- a. The owner of the contract has died,
- b. The first beneficiary of the contract has died, and
- c. There is a remaining balance in the annuity.

SECTION C – DEATH BENEFIT ELECTION - Please choose only one of the five Options below. For certain product types, an Option or some of its choices may not be available. The Company will contact you if you choose an unavailable Option or one of its choices.

Once you have selected an Option and completed its entire section, you may proceed to Section D and complete the remaining Sections. Please include appropriate titles behind signatures where required.

Please note that your chosen Option in Section C may be subject to a Pre-Determined Death Benefit Election already established by the deceased owner.

☐ OPTION 1 - SPOUSAL CONTINUATION

Please note that this option is available only to the deceased owner's surviving spouse. It is not available to 1) beneficiaries who are an estate or a trust, 2) TSAs, or 3) when the deceased owner named multiple beneficiaries.

SPOUSAL CONTINUATION – As the spouse of the deceased, I elect to become the new Owner and/or Annuitant and continue the contract. I understand that this election is in lieu of receiving the death benefit and that my contract value will become the amount otherwise payable as the death benefit. I also understand that a new Annuity Commencement Date will be assigned to the contract based on contract rules. As owner, I will be subject to all contract provisions currently in existence, including any applicable sales charge.

Important for Contracts with Riders: If the contract was in the Benefit Period and the deceased was the single Covered Person, the rider has terminated. As the new Owner, you may elect to purchase the same rider at the current cost, if the rider is available. Joint coverage riders will continue automatically.

- ☐ I wish to purchase the rider associated with this contract. I understand that the current cost will be deducted from the contract value each month. I also understand that the initial Benefit Base will be the contract value on the rider's effective date.
- ☐ For Joint Coverage Riders – I wish to continue the existing rider payout under the new rider.

For payments under single coverage riders and any other systematic payment options, please contact us after claim processing has been completed to obtain the required paperwork. You may elect a new beneficiary in Section F. If no beneficiary is elected in Section F, your estate will be the beneficiary.

☐ OPTION 2 – DEFERRAL. I choose to defer the receipt of the death benefit as described further below. Please refer to the Qualified Annuities section on page 1 regarding the special rules and terms that apply to such annuities. Select one of the options below.

- ☐ This is a non-qualified annuity. I am a **Designated Beneficiary** or the authorized representative of an **Other Beneficiary**. I choose to defer payments up to the 5th anniversary of the owner's death. On or before that date I will request a liquidating payment of the remaining balance.
- ☐ This is a qualified annuity. I am either an **Eligible Designated Beneficiary** or a **Designated Beneficiary**. The owner died before their RBD. I choose to defer payments up to December 31st of the 10th year following the year of the owner's death. On or before that date I will request a liquidating payment of the remaining balance.
- ☐ This is a qualified annuity. I am a **Designated Beneficiary**. The owner died on or after their RBD. Each year I will request from the Company the \$ amount (if any) that I want distributed to me. On or before December 31st of the 10th year following the year of the owner's death, I will request a liquidating payment of the remaining balance.
- ☐ This is a qualified annuity. I am an **Eligible Designated Beneficiary**. I elect to defer taking the proceeds to a later date.
- ☐ This is a qualified annuity. I am an authorized representative of an **Other Beneficiary**. The owner died on or after their RBD. Each year I will request from the Company the \$ amount (if any) that I want distributed to the beneficiary. On or before December 31st of the 5th year following the year of the owner's death, I will request a liquidating payment of the remaining balance.

☐ **OPTION 3 - LUMP SUM.** I will receive a full distribution of my death benefit. Please see section D beginning on page 6 regarding payment methods and withholding taxes.

Is this for a 1035 Exchange or Transfer as a part of the Death Claim? ☐ Yes ☐ No

If yes, please complete the sections below.

Instead of a cash Lump Sum payment, if this is a non-qualified annuity, will this be a 1035 Exchange (if available)? – please select your answer below.

- ☐ **Yes** If Yes, please attach the accepting company's paperwork. Please see the Like-kind Exchanges section on page 1 for important information.
- ☐ **Yes** Will this be a 1035 Exchange to another Protective Product? Certain Options may not be available for all products.

Instead of a cash Lump Sum payment (per above), if this is a qualified annuity, will this be a transfer to an inherited IRA? – please select your answer below.

- ☐ **Yes** If Yes, please attach the accepting company's paperwork.
- ☐ **Yes** Will this be a transfer or rollover to another Protective Product? (Certain Options may not be available for all products)

☐ **OPTION 4 - REGULAR INCOME.** In general, this is an annuity. In general, the amount of each periodic payment is a fixed \$ amount. In some choices below there may be a final lump-sum payment.

Please note that 1) Any income period chosen below may not extend your payments beyond your life expectancy, The Company uses certain IRS tables to determine life expectancy. 2) Please refer to the Qualified Annuities section on page 1 regarding the special rules and terms that apply to such annuities, 3) Some of the choices listed below are not available for certain annuities, 4) Payments must begin by the 1st anniversary of the owner's death, 5)) Please provide Protective with a copy of your driver's license or birth certificate, and 6) Please complete Sections D, E and F of this form. Please refer to your contract for available options.

Mode of Payment selection: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Begin date (mm/dd/yyyy) ____/____/____ (5th – 28th)

Please select only one of the following choices

1. This is a non-qualified annuity. I am a **Designated Beneficiary**.
 - a. ☐ Income for Specified Period – Indicate number of years (between 5 and 30): _____
 - b. ☐ Life Income with Installments Guaranteed – Indicate number of years guaranteed:
☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30
 - c. ☐ Income for Specified Amount until exhausted – Indicate \$ amount desired: \$ _____
2. This is a qualified annuity. I am an **Eligible Designated Beneficiary** (but not a minor child of the deceased owner).
 - a. ☐ Income for Specified Period – Indicate number of years (between 5 and 30): _____
 - b. ☐ Life Income with Installments Guaranteed – Indicate number of years guaranteed:
☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30
 - c. ☐ Income for Specified Amount until exhausted – Indicate \$ amount desired: \$ _____

3. This is a qualified annuity. I am the legal representative of a minor child of the deceased owner. The income period below cannot extend beyond the child's 31st birthday. Please enter here the date of the minor child's 31st birthday, in month – day – year format: _____. On their 31st birthday any remaining balance will be fully distributed to them.

- a. ☐ Income for Specified Period – Indicate number of years (between 5 and 31): _____
- b. ☐ Life Income with Installments Guaranteed – Indicate number of years guaranteed:
☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 25
- c. ☐ Income for Specified Amount until exhausted – Indicate \$ amount desired: \$ _____

☐ **OPTION 5 – Stretch**

In general, this is a series of systematic withdrawals from my balance. You may change the \$ amount of each payment in the future. Such payments must begin on or before the 1st anniversary of the owner's death. **(Note: IBA is not allowed for this option.)**

Please note that 1) this option and some of the choices listed below are not available for all annuities, 2) please refer to the Qualified Annuities section on page 1 regarding the special rules and terms that apply to such annuities. 3) in general, payments will be set-up based on the payee's life expectancy 4) future payments may also vary because the value of your account will change in the future. There is an exception when the payee is an estate, a trust, or any other type of entity. In such a situation, the life expectancy of the deceased owner (as if they had not died) is used. The Company uses IRS tables to determine life expectancy.

Mode of Payment selection: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

Begin date (mm/dd/yyyy) ____/____/____ (5th – 28th)

Please select only one of the following choices

- ☐ This a non-qualified annuity. I am a **Designated Beneficiary**.
- ☐ This is a qualified annuity. I am an **Eligible Designated Beneficiary** (but not a minor child of the deceased owner).
- ☐ This is a qualified annuity. I am the legal representative of the owner's minor child. When the child reaches age 31, any remaining balance will be fully distributed to the child. Please enter here the date of the minor child's 31st birthday (mm/dd/yyyy): _____.

SECTION D - PAYMENT METHODS AND TAX WITHHOLDING (this section is not applicable to you if above you chose Option 1 – Spousal Continuation)

Payment Method A: ☐ **EFT** – If you would like the payments to be deposited directly into your checking or savings account via Electronic Funds Transfer (EFT). Please complete the information below or attach a voided check. If any payments made by the Company are deposited to my account in error, I authorize and direct the bank to charge my account and refund such payment to the Company.

Bank name: _____ 9-digit routing number: _____

Name on account: _____ Account number: ** _____

**Please include any leading zeros in your bank account number.

Payment Method B: ☐ **Check**

Payment Method C: ☐ **IBA – Immediate Benefit Account, a free interest-bearing draft account in your name (The death benefit value must be greater than \$25,000).** The Immediate Benefit Account offers a convenient way to access your money, earn interest and take your time to make investment decisions. *In lieu of a cash distribution*, you elect to receive a “checkbook,” competitive interest rate and complete access to your money. The enclosed brochure explains how the account works, along with its advantages. ***For NY Residents Only: If the policy was issued on or after April 1, 2012, an Immediate Benefit Account is not available.***

Make check payable to: _____

Mailing address: _____

Federal and State Tax Withholding

If you are a US citizen (regardless of where you reside) or if you are a resident of the US but not a US citizen, then this section applies to you. You may skip the next paragraph and begin with the third paragraph.

If you are neither a US citizen nor a resident of the US but not a US citizen, then please provide to us your IRS form W-8. There are several versions of the W-8. As an example, if you are an individual but are neither a US citizen nor a resident of the US, then you should provide a W-8BEN. Alternatively, if you are the trustee of a foreign (non-US) trust, then you should provide a W-8BEN-E. If you provide to us your W-8, then the remaining paragraphs in this section do not apply to you. The Company will determine the appropriate amount of federal tax withholding based on the information in your W-8. In many situations the Company is not required to withhold federal taxes. State tax withholding will not be applicable. If above you chose Option 4 - Regular Income, then the remaining paragraphs in this section do not apply to you. Please complete the IRS form W-4P that was included with this claim form. Please return the completed IRS form to us with this completed claim form. Regarding state tax withholding, in general we will use the same filing status and # of allowances that you chose on the form W-4P. However, for state purposes you may instruct us to use a different filing status or # of allowances (including not withholding) if you provide us with either your state's specific withholding tax form or a written note.

In general, the Company is required to withhold income taxes on a payment to you. If below you elect to not have taxes withheld, then when you file your tax returns there is a possibility that you will owe more money than if you choose below to have taxes withheld. Each year-end we will report to you on an IRS form 1099-R any taxes that we withheld during that year. Taxes withheld count as part of your total taxes paid when you file your tax returns.

Regarding federal taxes, you may not choose below Do not withhold if the payment will be made to an address (or to an account) in a foreign country. Furthermore, in certain situations a payment from your contract or policy is subject to an additional 10% tax when you file your federal tax return e.g., annuities or life insurance policies that are modified endowment contracts (MECs).

Regarding state taxes, some states require that withholding be done at a certain minimum rate. If below you do not make any tax withholding choices, or if your choice below is inconsistent with these rules, then in general the Company is required to choose for you instead a certain minimum rate of state tax withholding.

Please make your tax withholding choices below. You may change at any time the choices that you make below. Your choices will remain in-effect until you notify us that you want to change them.

Tax withholding for payments from non-qualified annuities and IRA's	
Federal income taxes <input type="checkbox"/> Withhold 10% <input type="checkbox"/> Withhold \$_____ or _____% <input type="checkbox"/> Do not withhold	State income taxes <input type="checkbox"/> Withhold \$_____ or _____% <input type="checkbox"/> Withhold as required by my state <input type="checkbox"/> Do not withhold
Tax withholding for payments from all qualified annuities except IRAs	
Federal income taxes <input type="checkbox"/> Withhold 10% <input type="checkbox"/> Withhold \$_____ or _____% <input type="checkbox"/> Do not withhold	State income taxes <input type="checkbox"/> Withhold \$_____ or _____% <input type="checkbox"/> Withhold as required by my state <input type="checkbox"/> Do not withhold

SECTION E: TAX CERTIFICATION (substitute IRS form W-9)

This section applies to you if you are either 1) a US citizen, or 2) not a US citizen but are a resident of the US (a resident alien). As such, you should not provide to us an IRS form W-8.

Under penalties of perjury, I certify that:

- The SSN or TIN above is correct.
- I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding due to failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. Citizen or a U.S. resident alien.
- (This statement only applies to entities. If you are an individual, then this statement does not apply to you. If you are an individual, then when you sign this form below you are not making a certification regarding this statement.) The FATCA codes listed on this form that indicate an exemption from FATCA reporting are correct.

You should strike through above any of the first three statements that do not apply to you. The Company is required to withhold taxes on certain payments to you if you are subject to backup withholding

Your federal tax classification (if you are not an individual): <input type="checkbox"/> Single-member LLC <input type="checkbox"/> C Corporation or S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> LLC classified as a C Corporation or a S Corporation <input type="checkbox"/> LLC classified as Partnership <input type="checkbox"/> Other (please explain) _____	FATCA code(s): if you are an entity, then please enter your code(s) below. The IRS instructions (per the IRS web address below) explain these codes. If you are an individual, then you should not fill-in any codes below: Exempt Payee Code: _____ Exemption from FATCA Reporting Code (if any): _____
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Please consult your tax advisor regarding any questions that you may have about this certification. There are additional instructions regarding this substitute form W-9 at www.IRS.gov/forms-instructions.

Except if you have provided to us an IRS form W-8, when you sign this form below you are making the tax-related certifications above (except for any above that you strike through). The IRS' regulations that require you as a US citizen or a non-citizen resident of the US to make these certifications do not extend to any of the Company's administrative provisions in this form.

SECTION F – Beneficiary designation for Options 1, 2, 4, or 5. Beneficiary % must total 100%.

Name of Primary Beneficiary	Street Address	Relationship	%	Date of Birth	SS #
1.					
2.					

Name of Contingent Beneficiary	Street Address	Relationship	%	Date of Birth	SS #
1.					
2.					

Notes: _____

SECTION G – Claimant Statement and Fraud Certifications

☐ Lost Contract(s): I certify that the contract(s) has/have been lost or destroyed. If found later, I agree to surrender it/them to the Company without claim.

The undersigned hereby makes claim to said insurance Company and certifies the statements made in this Claimant Statement 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 or if in-force that you are entitled to any benefits under the contract.

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

NY Resident Fraud Statement: 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.

Claimant Signature	Print Name	Date
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(If an entity, name, and title of authorized person. If financial guardian for a minor child beneficiary, name, and title of authorized person)

Non-related Witness	Print Name	Date
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Q&A Immediate Benefit Account

What is the Immediate Benefit Account?

An Immediate Benefit Account ("Account") is a 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 company's general account. The interest rate you receive may be more or less than company's investment returns on funds held in its general account.

Who is eligible for an Immediate Benefit Account?

A beneficiary receiving a death benefit payment on a life or an annuity claim that exceeds \$25,000.

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 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 \$5000.
- 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 average of the Bankrate.com U.S. Money Market Accounts national average as reported in the Wall Street Journal. 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.

- 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.
- 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 \$5,000. Once the balance drops below \$5,000, 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.
- The insurer may freeze or reclaim funds to set off a claim against the account holder.
- 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 1-866-421-2071. We will be happy to help you.

Protective Life may derive income from the total gains received on the investment of the balance of funds in the Account.

Immediate Benefit Accounts are available to select beneficiaries of Protective Life Insurance Company, Protective Life & Annuity Insurance Company, The Lincoln National Life Insurance Company for which Protective serves as Administrator, MONY Life Insurance Company and West Coast Life Insurance Company, which are affiliates of Protective, as well as select beneficiaries of Equitable Financial 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.

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 will 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 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 and
- ☐ Consumer reporting agencies.

We also get information as we process customer transactions.

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,
- ☐ Offering you other products and services.
- ☐ Conducting research related to our business.

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.

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.

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 to us at

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

CALIFORNIA RESIDENTS: To learn about our information practices and your rights under the California Consumer Privacy Act ("CCPA"), visit <http://www.protective.com/privacy-policy>

Protective Life Insurance Company
West Coast Life Insurance Company
Protective Life and Annuity Insurance Company
Concourse Financial Group Securities, Inc.
Concourse Financial Group Agency, Inc.
Protective Property & Casualty Insurance Company

Interstate National Corporation
National Warranty Corporation
United States Warranty Corporation
Western Diversified Services, Inc.
The Advantage Warranty Corporation
Warranty Business Services Corporation

Western General Dealer Services, Inc.
Western General Warranty Corporation First
Protection Company
Lyndon-DFS Administrative Services Inc.
Protective Administrative Services, Inc. A.U.L.
Corporation



Immediate Benefit Account

Protecting what's possible

Give yourself time to plan — and earn interest on your benefit funds.

Losing someone important to you isn't easy, and the emotional and financial decisions that must be made — like what to do with your benefit funds — can be overwhelming. With an Immediate Benefit Account, we can help you earn interest on your funds while you focus on the days ahead.

Our Immediate Benefit Account is an interest-bearing draft account (similar to a checking account) that offers an easy way to access your benefit funds, opportunity to earn interest and time to plan your investment decisions.

Convenient access to your money

Our Immediate Benefit Account works like a personal checking account.¹ If your benefit amount is \$25,000 or higher, you can 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. Your funds are available immediately, so there's no need to wait for a lump-sum check to clear your bank.²

\$250+

Write checks for any purpose, \$250 or higher, up to your remaining account balance.



\$5,000 minimum

Keep your account open as long as you want by maintaining a minimum account balance of \$5,000.

Competitive interest rate

Our Immediate Benefit Account balance earns a competitive interest rate that is typically higher than the average rates paid by banks on interest-bearing checking accounts.³

0.7%*
APY

- Rate is adjusted periodically according to market conditions.
- Earn continuous interest from the moment your claim is approved until the last dollar is withdrawn.
- Interest compounds daily, creating the potential for your money to grow over time.

*The Annual Percentage Yield (APY) as advertised is accurate as of December 1, 2023. Interest rate and APY are subject to change without notice at any time before and after an Immediate Benefit Account is opened.

Comfort in your investment decisions

Making serious financial decisions can be stressful during a time of grief. Our Immediate Benefit Account gives you time to plan, so that you are comfortable in how to use your benefit funds.



If you have any questions about our claims process or the Immediate Benefit Account, please visit protective.com/claims or call 1-800-424-1592.

Please refer to the Immediate Benefit Account Q&A for important details and disclosures.

¹ The Immediate Benefit Account is for the death benefit funds only. Additional money cannot be deposited. Not FDIC or NCUA insured.

² Once the balance in the Immediate Benefit Account becomes less than \$5000, 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 \$5000.

³ There may be tax implications on the interest earned on the Immediate Benefit Account. Please consult your tax advisor.

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. 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.

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. In addition, other available settlement options are preserved and may be used until the entire balance is withdrawn or the balance falls below \$5000.

Immediate Benefit Accounts are available to select beneficiaries of Protective Life Insurance Company, Protective Life & Annuity Insurance Company, The Lincoln National Life Insurance Company for which Protective serves as Administrator, MONY Life Insurance Company and West Coast Life Insurance Company, which are affiliates of Protective, as well as select beneficiaries of Equitable Financial 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 is located in Nashville, TN. 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.

The Protective trademarks, logos and service marks are property of Protective Life Insurance Company and are protected by copyright, trademark, and/or other proprietary rights and laws.

CD.2576377 (09.23)

Not FDIC/NCUA Insured	Not Bank or Credit Union Guaranteed	Not a Deposit
Not Insured By Any Federal Government Agency		May Lose Value



What to do when a loved one dies

Handling a loved one's death is never easy. In addition to the emotional aspects, the financial and legal details can seem daunting. This guide offers some basic information on what to do during this difficult time.

One to three days after death

During this emotional time, making decisions can be overwhelming. You might want to ask a trusted friend or relative to help. It's also a good idea to contact a qualified attorney to ensure that all matters are properly addressed. The initial days typically center on the funeral and remembrance.

Handle the funeral arrangements

- ☐ Contact the funeral home to pick up your loved one.
- ☐ Confirm any planned funeral arrangements with the funeral director.
- ☐ If no funeral arrangements were planned, consider calling on someone to help you organize them (such as a relative, close friend or clergy).
- ☐ If your loved one was on public assistance, contact Social Services to see if burial assistance is available. (The support will be limited, so investigate funeral costs before contracting arrangements.)
- ☐ If your loved one was a veteran, contact the Veterans Administration about possible funeral benefits.
- ☐ Contact the local paper to place an announcement about the death and funeral.
- ☐ Ask someone to assist in calling relatives, friends and business associates to notify them of the death and funeral arrangements.
- ☐ Ask someone trustworthy to help with:
 - Answering the phone
 - Collecting mail
 - Caring for pets
 - Staying at the home during the funeral to prevent break-ins
 - Dealing with perishable food
 - Providing food for family and friends after the funeral
 - If family members need to fly in for the funeral, have them ask the airline about a bereavement fare. Some airlines offer discounted rates.

Gather important documents

- ☐ Locate the will. Determine the personal representative who was designated to carry out instructions.
- ☐ Look for any prepaid burial plan documents or instructions regarding funeral arrangements.

Manage immediate financial details

- ☐ If you maintained joint-owned savings or checking accounts, consider moving the funds into an account solely in your name. Some accounts may be frozen pending probate.
- ☐ Contact your loved one's employer (if any) or if retired, the former employer. Ask:
 - About any outstanding compensation due
 - If there was a pension or 401(k) plan
 - Whether dependents (if any) are still eligible for benefits
 - If there is life insurance through the company (group term). If so, what do they require to begin the claim process?
- ☐ If the Veterans Administration sent your loved one monthly payments, contact them to stop the payments.

Additional information on next page.

One to ten days after death

The first 10 days often focus on financial and legal matters, and contacting people and organizations.

Secure any necessary documents

- ☐ Obtain 10 to 15 certified copies of the death certificate. You can do this through the funeral director.
- ☐ Have the personal representative look for:
 - Safe deposit box agreement and keys, if any. Anyone named on the box can access it. Heirs and beneficiaries can ask the bank to search for the will, burial plot deed, or burial instructions. (Anyone other than the personal representative will most likely receive document copies.)
 - Social Security card or number
 - Trust agreements
 - Nuptial agreements
 - Life insurance policies or statements
 - Pension, IRA or retirement statements
 - Motor vehicle titles
 - Mortgage and title policies, and deeds of trust
 - Leases
 - Loans
 - Income tax returns for several years
 - Gift tax returns
 - Marriage, birth and death certificates
 - Citizenship papers, if applicable
 - Divorce papers
 - Military records and discharge papers
 - Certificates of deposit
 - Stock and bond certificates and account statements
 - Unpaid bills
 - Record of any bankruptcy filings
 - Health insurance papers

- ☐ List assets. These include checking, savings and retirement accounts, trusts, insurance policies and securities. Assets also include interests in business, real and personal property. Locate any paperwork for these.
- ☐ File life insurance claims by calling the agent or life insurance company.
- ☐ Find out if you should set up a bank account to receive the estate's money and pay its bills. The court might need to authorize this.

Work with a qualified attorney

- ☐ Find out if probate is required. Initiate the proceedings if necessary.
- ☐ Have the attorney notify beneficiaries if probate is needed or under way.
- ☐ Have the attorney notify the person(s) designated to be a child's guardian, if applicable.

Contact the appropriate parties

- ☐ Family members, friends and business associates
- ☐ Your loved one's attorney, accountant, banker, insurance professional, investment advisor, stock broker and business partners, if any. These professionals can guide you in settling the estate.
- ☐ Your loved one's physician(s)
- ☐ The local newspaper (print version or online)
- ☐ Social media sites
- ☐ Email accounts
- ☐ Organizations that will be affected by the death. For example, creditors, financial institutions, Social Security, utilities, cell phone and cable companies, the post office and subscription services (periodicals, movie rentals by mail, memberships, etc.).

Additional information on next page.

Months one through nine

As the estate moves through the settlement process, the final financial and legal details come into play.

Updating your estate

Here are some areas to consider in keeping your own estate organized.

- ☐ **Estate documents.** Review and update your will and beneficiary information. (This includes insurance policies, financial accounts and investments.)
- ☐ **Death benefit proceeds.** Rather than receive a lump sum payment, you may want to keep the money in a benefit account that works like an interest-bearing checking account. Or consider an annuity, which can pay you now or when you retire.
- ☐ **Health insurance.** If you had health coverage through your loved one's company, contact the employer. You may be eligible to keep it at a reduced rate, or purchase COBRA. If you are no longer covered, you will need to investigate other plans.
- ☐ **Life and disability insurance.** If you are now your family's primary provider, consider additional disability and/or life insurance. This will protect them and provide you peace of mind.
- ☐ **Ownership changes.** Make any necessary ownership changes to checking and savings accounts, mortgages, credit cards, vehicles, etc. This will require copies of the death certificate.
- ☐ **Item locations.** Tell loved ones where you keep important documents and items, including your safety deposit box and key.
- ☐ **Assets, liabilities and personal information.** Summarize essential information for your loved ones.

Completing the estate settlement

- ☐ Consult a tax advisor about potential state or federal taxes.
- ☐ Find out if the court requires a final statement summarizing the estate's income and expenses. In probate cases, it can take at least a year for final approval.
- ☐ The settlement and probate process includes paying all of the estate's obligations (debts, taxes and claims). After this, the remaining assets are distributed.
- ☐ When the asset distribution is complete, the court closes the estate.

Grieving and healing

Everyone grieves differently. Some people reach out; others withdraw. Some grieve openly; others more quietly. Grieving the loss of a loved one is an emotional situation that is highly personal. There's no right or wrong way, and no "appropriate" amount of time. Understanding bereavement and allowing yourself to grieve can be an important part of the healing process. The following resources might help:

- **American Association of Retired Persons (AARP)**
www.aarp.org/relationships/grief-loss
- **Mayo Clinic**
www.mayoclinic.com/health/grief/MH00036
- **Mental Health America**
www.mentalhealthamerica.net/conditions/coping-loss-bereavement-and-grief
- **National Funeral Directors Association**
www.nfda.org/consumer-resources/grief-support
- **National Institutes of Health**
www.nlm.nih.gov/medlineplus/bereavement.html



We hope that your grieving and healing process soon leads the way to a time when fond memories replace your feelings of pain and loss.

Protective is not a law firm or a substitute for an attorney or law firm. We cannot provide any kind of advice, explanation, opinion or recommendation about possible legal rights, options or strategies. Please consult with your own attorney, tax and financial advisor regarding your obligations and options in connection with settling an estate. These materials are provided for general information and educational purposes based upon publicly available information from sources believed to be reliable — we cannot assure the accuracy or completeness of these materials. The information in these materials may change at any time and without notice.

Protective refers to Protective Life Insurance Company and its affiliates, including West Coast Life Insurance Company and Protective Life Insurance Company providing administrative services for Zurich American Life Insurance Company. Protective Life Insurance Company is located in Nashville, TN, and all affiliate companies are located in Birmingham, AL, and each is solely responsible for the financial obligations accruing under the products it issues.

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CD.491474 (01.22)

protective.com

Not FDIC/NCUA Insured	Not Bank or Credit Union Guaranteed	Not a Deposit
Not Insured By Any Federal Government Agency		May Lose Value