

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



## PRE-AUTHORIZED WITHDRAWAL AGREEMENT

FOR DRAFTING OF PREMIUM PAYMENTS

**The person paying the premium on the insurance policies listed below must sign this agreement.**

**I request and authorize Athene Annuity & Life Assurance to draw against the account listed below to pay premiums on the following policies:**

Policy Number	Name of Insured	Name of Policyowner

Name of Bank: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Account: Checking  Savings  Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

I request that the withdrawal be monthly/quarterly/semi-annually/annually. I would like the date of the withdrawal to be \_\_\_\_\_ 1st - 28<sup>th</sup>.

\_\_\_\_\_  
Premium Payor – Phone Number

\_\_\_\_\_  
Premium Payor – Depositor (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Premium Payor – Depositor

**PLEASE ATTACH A VOIDED CHECK  
DO NOT USE STAPLES**