

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

NOTICE TO OWNER/APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

It is in your best interest to get all the facts before making a decision. Make sure you fully understand both the proposed new policy and your existing insurance. New policies may contain provisions which limit benefits during the initial period of the contract, in particular, the suicide and incontestable clauses.

To assist you in evaluating the proposed and the existing insurance, Delaware Insurance Regulation 1204 (Formerly Regulation 30) requires that the insurer advising or recommending replacement:

1. Provide the consumer, not later than the date the policy or contract is delivered, with a concise summary of the policy or contract to be issued.
2. Allow a twenty day period following the delivery of the policy during which time the consumer may surrender the new policy for a full refund;
3. Advise the present insurance company(ies) of the pending replacement.

This same regulation requires your present insurer to provide, on your request, a similar summary describing your present insurance. This information will be provided if you request it using the form below.

INFORMATION ON PRESENT POLICIES

COMPANY NAME	POLICY NUMBER	NAME OF INSURED	SUMMARY REQUESTED
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

IT IS SELDOM WISE TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT TO BE ACCEPTABLE.

SIGNATURES

I have read this notice and have received a copy of it.

Applicant/Proposed Insured's Signature

Date

Owner's Signature (if other than Applicant/Proposed Insured)

Date

Joint Owner's Signature

Date

Agent's Signature

Date

Agent's Name (Printed)

Agent's Address

Company Name