

# PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619  
Birmingham, AL 35283-0619

## NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

If "YES", place initials here:

If "NO", place initials here:

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

## SIGNATURES

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature (if other than Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Name Printed or Typed

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Address Printed or Typed

\_\_\_\_\_  
Agent's Company Printed or Typed

## INFORMATION ON POLICIES WHICH MAY BE REPLACED

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_

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