

**PROTECTIVE LIFE INSURANCE COMPANY**

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

**STATEMENT BY APPLICANT REGARDING NOTIFICATION OF REPLACEMENT TO THE REPLACED INSURER**

I have read the "NOTICE TO APPLICANTS REGARDING REPLACEMENT OF LIFE INSURANCE OR AN ANNUITY" which was furnished to me by the agent taking the application for this policy.

**APPLICANT SIGNATURE**

(Applicant: Please select ONE of the following statements and sign below.)

- 1.  Please notify my present insurer(s) regarding this transaction.
  
- 2.  Please do not notify my present insurer(s) regarding this transaction.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

The signature of the applicant shall be that of the insured unless someone other than the insured is the owner of the policy. If someone other than the insured is the owner of the policy, the owner must sign. If the insured is under eighteen (18) years of age, the parent is deemed to be the owner of the policy.

**CERTIFICATION BY THE AGENT**

I hereby certify that nothing was said or done during the sales presentation to influence the decision of the applicant regarding this statement.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Agency or Agent License Number