

# PROTECTIVE LIFE INSURANCE COMPANY

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

## INFORMATION STATEMENT

THE LIFE INSURANCE I INTEND TO PURCHASE FROM \_\_\_\_\_ INSURANCE COMPANY MAY REPLACE OR ALTER EXISTING LIFE INSURANCE.

The following policy(ies) may be replaced as a result of this transaction:

<i>Insurer as it appears on the policy</i>	<i>Insured as it appears on the policy</i>	<i>Policy Number</i>

## PROPOSED POLICY

\_\_\_\_\_  
Type of Policy - Generic Name

\$ \_\_\_\_\_  
Face Amount

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Applicant (*Street, City, State, Zip Code*)

## CERTIFICATION BY THE AGENT

I certify that this form and the "Notice to Applicants Regarding Replacement of Life Insurance" were given to and signed by:

\_\_\_\_\_  
Applicant (*Please Print or Type*)

prior to taking an application and that I am leaving a signed copy for the applicant.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Agent (*Street, City, State, Zip Code*)

## APPLICANT ACKNOWLEDGEMENT

I acknowledge receipt of a copy of this Information Statement.

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