

# PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

## COMPARATIVE INFORMATION FORM

Name of Proposed Insured: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Street Address, City, State, Zip Code: \_\_\_\_\_

GENERAL INFORMATION	EXISTING INSURANCE	PROPOSED LIFE INSURANCE
Name of Company	_____	_____
Policy Number	_____	_____
Basic Policy Generic Name	_____	_____
Description of Basic Policy	_____	_____
Issue Age	_____	_____
Date of Issue	_____	_____
Contestable Period Expires	_____	_____
Suicide Clause Expires	_____	_____
Loan Interest Rate	_____	_____

	ANNUAL PREMIUM	AGE PAYABLE TO	BENEFIT AMOUNT	AGE BENEFIT CEASES	ANNUAL PREMIUM	AGE PAYABLE TO	BENEFIT AMOUNT	AGE BENEFIT CEASES
Basic Policy	\$		\$		\$		\$	
Rider 1 _____	\$		\$		\$		\$	
Rider 2 _____	\$		\$		\$		\$	
Rider 3 _____	\$		\$		\$		\$	
Accidental Death Benefit	\$		\$		\$		\$	
Option to Purchase	\$		\$		\$		\$	
Additional Insurance			(Option Ages: _____)				(Option Ages: _____)	
Waiver of Premium Benefit	\$		XXX		\$		XXX	
Disability Income Benefit	\$		XXX		\$		XXX	
Monthly Income			\$				\$	
<b>Total Planned Premium</b>	<b>\$</b>							

(If the premium amount or death benefit changes, please indicate and list changes; attach schedule if necessary.)

CASH VALUES	# GUARANTEED CASH VALUE	* DIVIDENDS	GUARANTEED CASH VALUE	* DIVIDENDS
Currently (last policy anniversary)	\$	\$	\$	\$
1 year hence	\$	\$	\$	\$
5 years hence	\$	\$	\$	\$
10 years hence	\$	\$	\$	\$
At age 65	\$	\$	\$	\$

\* Dividends, policy loan and certain guaranteed cash value information concerning your existing insurance may not be known to our agent. Dividends are not guaranteed. However, they may materially reduce the cost of insurance and are an important factor to consider. Thus, if dividends or other figures have been omitted from this Comparative Information Form, you should not reach a final decision to replace your existing insurance until you have them. You may obtain the omitted figures from the company that issued your existing policy. We will notify that company of your intent to replace your existing policy.

# Guaranteed Cash Values stated are based on the assumption that the planned premium is payable for a fixed period of time, that only the guaranteed interest rates are paid and that the maximum mortality costs are charged.

## AGENT'S STATEMENT

1. The primary reasons for my recommending the proposed replacement of existing life insurance by new life insurance are:\*\*

*Explain:*

2. My recommendations as to the existing life insurance is that it be:

Not Changed     Lapsed     Surrendered     Reduced Paid-Up     Extended Term

*Other (Explain):*

*Borrowed Upon (Explain and state the amount to be borrowed):*

3. The existing life insurance does not meet the insured buyer's needs for insurance because:\*\*

*Explain:*

4. The disadvantages of replacing the existing life insurance are:\*\*

*Explain:*

\*\* Specific reasons should be given. For example, if you believe the existing life insurance cannot meet the insured buyer's needs, you should specify why you think it does not.

## CERTIFICATION

I hereby certify that prior to taking an application for a policy, I have provided the applicant with the Notice Regarding Replacement of Life Insurance and that the information in this Comparative Information Form is true and correct to the best of my knowledge and belief.

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

Date: \_\_\_\_\_

I have received and read a copy of this Comparative Information Form.

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

Date: \_\_\_\_\_

## INSTRUCTIONAL NOTES FOR AGENT

- Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, alternative identification information such as application or receipt number must be shown. A description of a flexible premium adjustable life (universal life) insurance policy should include the flexible nature of the premium, the adjustable nature of the coverage, the protection period and the existence of the accumulation value and how it is affected by actual credited interest, expense fees and mortality costs.
- If the premium for the basic policy or any rider or benefit changes, indicate the changes; attach schedules, if necessary.
- If the death benefit for the basic policy or any rider or benefit changes, indicate the changes; attach schedules, if necessary. State if the death benefit will include the cash value in addition to a specified amount.
- If the premium for benefits is not separable from the premium for the basic policy, insert "Included" in Basic Policy Premium.
- If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy, or separate information is to be provided in one Comparative Information Form for each such policy, and a summary of all the separate policy information must also be included to the extent possible.