

PROTECTIVE LIFE INSURANCE COMPANY
P.O. Box 10648
Birmingham, AL 35202-0648
Telephone: 1-800-456-6330

COMPARATIVE INFORMATION FORM FOR PROPOSED INSURANCE

Replacing Agent's Name

APPLICANT INFORMATION

Name		
Street Address		
City, State, Zip Code		
Telephone Number	Date of Birth	Age

POLICY INFORMATION

Policy Generic Name		
Policy Number		
Date of Issue	Issue Age	Contestable Period Expires
Suicide Period Expires		Policy Loan Rate

POLICY/RIDER DESCRIPTION

Policy/Rider Name	Initial/Continuing Benefit	(Age) Benefit From To	Initial/Renewal Annual Premium	(Age) Payable From To
Total Initial Annual Premium	Mode of Payment	Amount	Total Renewal Annual Premium	Amount
\$		\$	\$	\$

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

YR	AGE	GUARANTEES				PROJECTIONS *			
		ANNUAL PREMIUM	CUMULATIVE PREMIUM	CASH VALUE	DEATH BENEFIT	ANNUAL PREMIUM	CUMULATIVE PREMIUM	CASH VALUE	DEATH BENEFIT
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
55									
60									
65									
75									
85									
95									

* Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE: The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implications.

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COMPARATIVE INFORMATION FORM FOR PROPOSED INSURANCE

<i>Existing Insurer</i>	<i>Insurer's Address</i>
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APPLICANT INFORMATION			POLICY INFORMATION		
<i>Name</i>			<i>Policy Generic Name</i>		
<i>Street Address</i>			<i>Policy Number</i>		
<i>City, State, Zip Code</i>			<i>Date of Issue</i>	<i>Issue Age</i>	<i>Contestable Period Expires</i>
<i>Telephone Number</i>	<i>Date of Birth</i>	<i>Age</i>	<i>Suicide Period Expires</i>		<i>Policy Loan Rate</i>

POLICY/RIDER DESCRIPTION				
<i>Policy/Rider Name</i>	<i>Initial/Continuing Benefit</i>	<i>(Age) Benefit From To</i>	<i>Initial/Renewal Annual Premium</i>	<i>(Age) Payable From To</i>
<i>Total Initial Annual Premium</i>	<i>Mode of Payment</i>	<i>Amount</i>	<i>Total Renewal Annual Premium</i>	<i>Amount</i>
\$		\$	\$	\$

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

YR	AGE	GUARANTEES				PROJECTIONS *			
		ANNUAL PREMIUM	CUMULATIVE PREMIUM	CASH VALUE	DEATH BENEFIT	ANNUAL PREMIUM	CUMULATIVE PREMIUM	CASH VALUE	DEATH BENEFIT
1st									
2nd									
3rd									
4th									
5th									
6th									
7th									
8th									
9th									
10th									
11th									
12th									
13th									
14th									
15th									
16th									
17th									
18th									
19th									
20th									
55									
60									
65									
75									
85									
95									

* Projections include dividends and current interest rates which are not guaranteed.

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INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM

1. 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 an application or receipt number must be shown.
2. 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.
3. In the disclosure of values premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
5. Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election of an alternative option which is binding on the insurer and the applicant elects to make an alternative election, then the extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
7. The dividend option elected by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.