

PROTECTIVE LIFE INSURANCE COMPANY

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

Written Notice to California Seniors Aged 65 or Over

This notice must be delivered by the Insurance Representative to the Senior no less than 24 hours prior to the initial meeting in the Senior's home. If the Senior has an existing insurance relationship with the Insurance Representative and requests a meeting with the Senior in the Senior's home the same day, a notice shall be delivered to the Senior prior to the meeting.

Please insert the appropriate information below. If a Protective Life application is taken, one signed and completed copy of this form should be returned to the Protective Life Home Office with the application packet and one signed and completed copy of this form should be maintained by the Senior.

(1) During this visit or a follow-up visit, you will be given a sales presentation on the following (indicate all that apply):

() Life Insurance

() Other Insurance products (specify): _____

(2) You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys.

(3) You have the right to end the meeting at any time.

(4) You have the right to contact the Department of Insurance for information, or to file a complaint. (800) 927-HELP (4357)

(5) The following individuals will be coming to your home: (list all attendees, and insurance license information, if applicable):

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature of Insurance Representative: _____ Date: _____

Protective Life Agent Number: _____

Signature of Senior (Proposed Insured 1): _____

Signature of Senior (Proposed Insured 2): _____