

PAYROLL DEDUCTION AUTHORIZATION

Employee Name: _____
 Employee #: _____ Social Security #: _____
 Employer: _____ Group #: _____
 Dependent(s) Name (if to be insured): _____

I hereby authorize and direct my employer to begin the first deduction on: _____ Month, _____ Day, _____ Year

New Deductions:	Universal Life..... \$ _____	Deduction Frequency:
	Term..... \$ _____	<input type="checkbox"/> Weekly
	Other..... \$ _____	<input type="checkbox"/> Bi-Weekly
Total New Deductions:	\$ _____	<input type="checkbox"/> Semi-Monthly
Existing Deductions (if applicable):	\$ _____	<input type="checkbox"/> Monthly
Total Deductions:	\$ _____	<input type="checkbox"/> Other

CONDITIONAL RECEIPT AGREEMENT FOR LIFE INSURANCE

This agreement provides only a limited amount of insurance, for a limited period of time, and then only if all the terms and conditions of this agreement are met. No Agent of the Company can alter or waive any of the provisions of this Agreement. No life insurance is provided under the terms of this document in the event of the death of the Insured by suicide. In the event of suicide, the Company's sole liability will be the return of any money received.

An application for payroll deduction life insurance on each person proposed for insurance is being made today to Protective Life Insurance Company. This conditional payment is received under and is subject to the exact conditions set out below, all of which are a part of this Agreement.

NOTE: Premium may not be collected where the face amount applied for on this application plus any in force Protective Life policies on this Insured exceeds \$1,000,000 or on Proposed Insureds under 15 days of age or over age 80. Any money received will be refunded.

CONDITIONS UNDER WHICH INSURANCE MAY BECOME EFFECTIVE PRIOR TO POLICY DELIVERY

Unless each and every condition below has been fulfilled exactly, no insurance will become effective prior to policy delivery to the Owner;
 (A) on the Effective Date the Proposed Insured(s) is (are) insurable exactly as applied for under the Company's printed underwriting rules for the plan, amount and premium rate class applied for;
 (B) that the amount paid with the application and shown above is equal to the first full modal premium for the premium rate class applied for; and
 (C) the Proposed Insured(s) has/have completed all examinations and/or tests requested by the Company.

EFFECTIVE DATE OF COVERAGE - Insurance issued based on the application will take effect on the latest of:

(A) the date of the application; (B) the date requested in the application; or (C) the date of the last of any medical examinations or tests required under the rules and practices of the Company.

AMOUNT OF COVERAGE - \$1,000,000 MAXIMUM

The total amount of insurance which may become effective prior to delivery of the policy to the Owner shall not exceed \$1,000,000 with Protective Life or its affiliates. This amount includes other life insurance and accidental death benefits then in force or applied for with this Company.

TERMINATION AND REFUND OF PREMIUM - There shall be no insurance coverage under this Agreement and this Agreement shall be void if:

- (1) Premium payment is: (a) by check, and it is not honored by the drawee bank upon presentation; (b) by PAW, and the deduction is not honored by the drawee bank; (c) by PDA and the Employer does not make payroll deductions as authorized by the Employee; or (d) by 1035 and the cash surrender value received from the assigned policy(ies) is not equal to the first full premium rate class applied for.
- (2) If the application to which this Agreement was attached is not approved as applied for by the Company within ninety days from its date, the Company's only liability in such event(s) will be to return any money received.

NOTICE TO APPLICANT: You should retain a copy of this Agreement. A copy will be retained by Protective Life.

AUTHORIZATIONS:

The premium is to be deducted from my salary and forwarded to Protective Life Insurance Company. This deduction is to cover the premium(s) on the insurance policy(ies) for which I have applied. Deductions shall cease (a) Upon completion of the premium paying period for all insurance for which I have applied; (b) Upon written notice by me, requesting termination of such deductions; or (c) Upon termination of employment, in which event, such premium deductions shall become a matter of accounting directly between myself and Protective Life Insurance Company. I understand that deductions from my salary for premiums for life insurance may not be made on a pre-tax basis. I have read, and understand the terms and conditions of the Conditional Receipt Agreement.

Employee/Applicant Signature	Date Signed
Agent Signature	Date Signed

F-LAD-416 (12/08) Employer - Copy Home Office - Copy Employee/Applicant - Copy