

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

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

INDIVIDUAL LIFE INSURANCE APPLICATION – REQUEST TO EXERCISE OPTION TO PURCHASE ADDITIONAL LIFE INSURANCE

Original Policy Number: _____

Option Date: _____

In accordance with the provisions granting an option to purchase additional life insurance contained in the above numbered policy or supplemental agreement attached to it, the undersigned hereby applies for additional life insurance as follows:

1. PROPOSED INSURED

Name: (First, Middle, Last)			SSN / Tax ID
Gender	Date of Birth	Place of Birth	Email Address
Home Phone Number	Work Phone Number		Cell Phone Number
Address (Street, City, State, Zip Code)			

2. OWNER (If other than Proposed Insured, must complete information below. If Trust, include Name and Date of Trust.)

Name: (First, Middle, Last)			SSN / Tax ID
Date of Birth	Date of Trust	Email Address	
Home Phone Number	Work Phone Number		Cell Phone Number
Address (Street, City, State, Zip Code)			

BENEFICIARY DESIGNATIONS

1. PRIMARY BENEFICIARY(IES)

Name, Address, Phone Number	SSN / Tax ID	Birthdate(s)	Relationship(s)	Percentage(s)

2. CONTINGENT BENEFICIARY(IES)

Name, Address, Phone Number	SSN / Tax ID	Birthdate(s)	Relationship(s)	Percentage(s)

PLAN OF INSURANCE

Plan of Insurance: Whole Life 20-Pay Whole Life Other: _____

Premium Payment:

Annual

Quarterly

Semi-Annual

Carry over from existing Bank Account

Monthly (Pre-Authorized Withdrawal Only)

\$ _____

\$ _____

\$ _____

\$ _____

Cash with Application \$ _____

Draft Initial Premium \$ _____

REPLACEMENT INFORMATION

Does the owner intend to replace or change an existing insurance or annuity policy with this or any other company? Yes No

If Yes, list all life insurance in force on all persons proposed for insurance.

Name of Insured		Company	Policy Number
Replace or Change?	Amount	Purpose: Business / Personal	Issue Date
Name of Insured		Company	Policy Number
Replace or Change?	Amount	Purpose: Business / Personal	Issue Date

REMARKS**DECLARATIONS**

- A) No agent can make, alter or discharge any contract, accept risks or waive the Company's rights or requirements.
- B) Changes will be made only with the Owner's written consent.
- C) This application will be attached to and become part of any Policy issued based upon the answers and statements made herein.

SIGNATURES

It is represented that the answers given in this supplement are complete and true to the best of my knowledge.

Signed at (City and State)

Date

Signature of Owner

Signature of Agent

Signature of Proposed Insured (if other than Owner)

Agent's Name (printed)

Signature of Witness

Agent's Contract Number

Agent's Email Address