PROTECTIVE LIFE INSURANCE COMPANY P.O. BOX 830619 BIRMINGHAM, ALABAMA 35283-0619

Home Office Administration not for Amendments/Endorsements)

Request to Exercise Option to Purchase Additional Life Insurance

	, –		Option Da				
In po	accordance with the licy or supplementa	e provisio I agreeme	ns granting an option to p nt attached to it, the unde	purchase additional life ersigned hereby applies	e Insurance s for addition	contained in the abov al life insurance as foll	e numbered lows:
1.	Owner						
	0 110 11 11		First Name	Middle)	Last	
,	•	rom an ex	isting Universal Life poli		ry and owne	er will be the same as	designated
2	Mailing Address	•					
۷.	Mailing Address		Street & No.		City	State	Zip
3.	* Proposed Insured	I, if other	han Owner		•		·
	Social Security N	•					
4	•		5. Date of Birth	6	Place of F	Birth	
	Plan of Insurance ☐ Whole Life N.P ☐ Increase existing	(Do not s). ng Univer	select a Plan whose mini	mum Face Amount ex		mount of your Option)
9.	 Will any existing insurance or annuity be replaced or changed if the coverage applied for is issued? ☐ Yes ☐ No If yes, give details in Remarks below. 						
Er thi	nclosed is my ren Quarterly Mo is application.)	nittance f onthly pre	or \$ mium for this additiona	, repal coverage. (Cash, c	presenting check or PA	the □ Annual □ Se AC bank draft must	emi-Annual accompany
Cł	neck if Applicable:						
	I am now paying p		on your monthly Bank [emium payment plan.	Oraft plan and authori	ze you to a	dd subsequent premi	ums for this
				Remarks:			
				itemarks.			
fra	audulent information	to obtain	w requires the following or amend insurance cov confinement in state pris	erage or to make a clai	: Any perso m for the pa	n who knowingly pres yment of a loss is gui	sents false or Ity of a crime
lt i	is represented that	the answe	ers given in this supplem	ent are complete and	true to the b	est of my knowledge	
Da	ate:		Signature of Propos	ed Insured			
Da	ate:		Signature of Owner				
				nt #			