

# PROTECTIVE LIFE INSURANCE COMPANY

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

## TRUST CERTIFICATION

## APPLICATION SUPPLEMENT – PART III

This supplement will be attached to and become part of the application with which it is used.

Protective Life Insurance Company (“the Company”) requires that life insurance only be purchased to provide protection to those with an insurable interest in the life of the insured. The Company will not participate in life insurance sales motivated by the possible sale or transfer of policies or their death benefits to investors. Accordingly, we ask the Owner(s)/Trustee(s) and Grantor(s) to complete the following information.

This supplement must be completed and signed whenever a trust is to be an Owner of any policy issued as a result of the life application. Upon the request of the Company or when any portion of the initial or future premiums will be borrowed, loaned or otherwise financed, copies of all trust documents must also be submitted.

### PROPOSED INSURED(S), OWNER(S), TRUSTEE(S), GRANTOR(S), BENEFICIARY(IES)

<i>Proposed Insured 1 – First, Middle, Last Name</i>	
<i>Proposed Insured 2 – First, Middle, Last Name</i>	
<i>Name(s) of Owner(s)/Trustee(s):</i>	
<i>Name(s) of Grantor(s):</i>	
<i>Name of the Trust and Tax ID Number:</i>  <i>(“the Trust”)</i>	
<i>Current Beneficiary(ies) of the Trust:</i>	
<i>Name, Address and Telephone Number of the person who drafted the Trust Instrument:</i>	
<i>Date of the Trust: (mm/dd/yyyy)</i>	<i>Date the Trust was Signed: (mm/dd/yyyy)</i>
<i>Address of the Trust:</i>	
<i>Situs of the Trust (the Trust is subject to the laws of the State of):</i>	
<i>Describe the relationship between the Grantor(s) and the Trustee(s):</i>	
<i>Describe the relationship between the Grantor(s) and the Trust Beneficiary(ies):</i>	

**CERTIFICATION**

I (We) have read or have had read to me (us) the completed Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I(We) understand that the information being provided in this Supplement is being relied upon in considering the application for life insurance.

I (We) certify that:

- a) The Trustee(s) is (are) allowed by the terms of the Trust to purchase life insurance and securities;
- b) The Trust permits the Trustee(s) to exercise all ownership rights provided by the policy that is issued by the Company to the Trust, including but not limited to the right to surrender, pledge or encumber the policy or make withdrawals;
- c) The Trustee(s) is (are) permitted to distribute the policy to any beneficiary of the Trust or to sell and transfer ownership of the policy pursuant to the sale;
- d) Beneficial interest under the Trust can and will only be established for person(s) who: (i) are related to the Proposed Insured(s) by blood or by law; (ii) have a substantial interest in the life of the Proposed Insured(s) engendered by love and affection; or (iii) have a lawful and substantial economic interest in the continued life of the Proposed Insured(s);
- e) Neither the Company nor anyone acting as its agent is responsible to determine the authority of the Trustee(s) or the validity of the trust or to inquire into or review the provisions of the Trust;
- f) Neither the Company nor anyone acting as its agent shall be charged with knowledge of the terms of the Trust, and;
- g) The Company may rely on the evidence submitted for any change of the Trustee(s) and/or the appointment of any successor Trustee(s) and is not responsible to determine that the change or the appointment of any additional or successor Trustee(s) conforms to the provisions of the Trust.

**SIGNATURES**

**Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which may subject such person to criminal and civil penalties according to state law.**

**CALIFORNIA ONLY - 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.**

Signed in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(City and State) (Month) (Year)

Signature(s) of Owner(s)/Trustee(s): X \_\_\_\_\_

X \_\_\_\_\_

Signature(s) of Grantor(s): X \_\_\_\_\_

X \_\_\_\_\_

Signature of Witness: X \_\_\_\_\_

**PRODUCER CERTIFICATION**

By signing below, I hereby certify that to the best of my knowledge and belief, the information provided is complete, accurate, and correct and that the life insurance being applied for conforms to the Company's guidelines.

Signed at (City and State): \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_  
Producer Signature Producer Name (PRINT)