



Protective Life Insurance Company
P.O. Box 830619
Birmingham, AL 35283-0619

INDIVIDUAL LIFE INSURANCE – CONTINUATION OF INFORMATION

Proposed Insured 1: _____
First Name Middle Name Last Name Policy Number

Proposed Insured 2: _____
First Name Middle Name Last Name Policy Number

[Large empty rectangular box for supplemental information]

I have read or have had read to me the completed Supplemental Application before signing below. The above statements and answers are true and complete to the best of my knowledge and belief. I agree that such statements and answers shall be part of the application and shall be considered the basis of any insurance issued.

Proposed Insured 1 (Sign Name in Full) _____ Date _____ Proposed Insured 2 (Sign Name in Full) _____ Date _____

Signature of Parent or Guardian _____ Date _____ Signature of Witness _____ Date _____

Signature of Owner (Sign Name in Full) _____ Date _____
(if other than Proposed Insured)