

PROTECTIVE LIFE INSURANCE COMPANY

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

INDIVIDUAL LIFE INSURANCE - APPLICATION FOR CONVERSION OR EXCHANGE

1. PROPOSED INSURED 1

Name: (First, Middle, Last)			
Gender	Birthdate	Birth State	Marital Status
Driver's License No. & State		SSN / Tax ID	
Home Phone	Work Phone	Cell Phone	
Address (Street, City, State, Zip Code & Number of Years)			
Email Address			

2. PROPOSED INSURED 2 (Survivor Plans Only)

Name: (First, Middle, Last)			
Gender	Birthdate	Birth State	Marital Status
Driver's License No. & State		SSN / Tax ID	
Home Phone	Work Phone	Cell Phone	
Address (Street, City, State, Zip Code & Number of Years)			
Email Address			

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

Name	Date of Trust	Phone Number	SSN/Tax ID
Address (Street, City, State, Zip Code)		Email Address	

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: (Name of Product)		Face Amount: (Proposed Insured 1)	(Proposed Insured 2)
		\$	\$
If Universal Life: <input type="checkbox"/> Level Face Amount	Section 1035: <input type="checkbox"/> Yes	1035 Loan Transfer: <input type="checkbox"/> Yes (subject to product availability) <input type="checkbox"/> No	
<input type="checkbox"/> Increasing Face Amount	<input type="checkbox"/> No		
Premium Payment:	<input type="checkbox"/> Carry over from existing Bank Account		
<input type="checkbox"/> Annual	<input type="checkbox"/> Monthly (Pre-Authorized Withdrawal Only)		
\$	\$		
<input type="checkbox"/> Cash with Application	\$	<input type="checkbox"/> Draft Initial Premium	\$

POLICY CONVERSION

Existing Policy Number:	Remove the Children's Term Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable and subject to policy contracted provisions)
Are you converting the: <input type="checkbox"/> Base Plan <input type="checkbox"/> Rider (subject to policy contracted provisions)	If this is a partial conversion, is the balance of the base plan being: <input type="checkbox"/> Cancelled <input type="checkbox"/> Kept \$ _____ (subject to product availability and face amount minimums)

REPLACEMENT INFORMATION

Is the policy applied for to replace an existing insurance or annuity policy(ies) with this or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, list all life insurance in force on all persons proposed for insurance.			
Name of Insured 1		Company	
Policy Number			
Replace or Change?	Amount	Purpose: Business / Personal	Issue Date
Name of Insured 2		Company	
Policy Number			
Replace or Change?	Amount	Purpose: Business / Personal	Issue Date

DECLARATIONS

- A) No Agent can make, alter or discharge any contract, accept risks, or waive the Company's rights or requirements.
 B) Acceptance of a policy by the Owner shall constitute ratification of any changes made by the Company under "Home Office Endorsements." In those states where it is required, changes as to plan, amount, age at issue, classification or benefits will be made only with the Owner's written consent.

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 be a crime and may subject such person to criminal and civil penalties according to state law.

Remarks:
HOME OFFICE ENDORSEMENTS (NOT TO BE USED WHERE PROHIBITED BY STATUTE OR INSURANCE DEPARTMENT RULING.)

Signed at (City and State)

Date

Signature of Proposed Insured 1

Signature of Proposed Insured 2

Signature of Owner (if other than insured)

Signature of Witness

Agent's Name (Printed)

Agent's Signature

Agent's Contract Number

Agent's Email Address

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DISCLOSURE FORM FOR TERMINAL ILLNESS ACCELERATED DEATH BENEFIT ENDORSEMENT

NOTICE: The endorsement is intended to provide an accelerated death benefit which will qualify for favorable tax treatment under Section 101 (g)(1)(A) of the Internal Revenue Code, as amended, or its successor, except as provided in Section 101 (g)(5) of the Internal Revenue Code, as amended, or its successor. As with all tax matters, the Owner should consult a personal tax advisor to assess the impact of any benefit received under the endorsement.

Any benefit received under the endorsement may impact the recipient's eligibility for Medicaid or other government benefits.

PURPOSE OF DISCLOSURE FORM

This disclosure form provides a brief description of the important features of the endorsement. This is not an insurance contract. Only the endorsement contains governing contractual provisions. This means that the endorsement sets forth in detail the rights and obligations of both the Owner and the insurance company.

GENERAL DESCRIPTION

The endorsement provides for a single accelerated death benefit payment to the Owner or the Owner's Estate, during the lifetime of the Insured and while the endorsement is in force, if the Insured is first diagnosed as being a Terminally Ill Individual by a Physician after the Effective Date and all of the terms and conditions of the endorsement are met. The accelerated death benefit amount the Company will pay is called the Adjusted Accelerated Death Benefit.

DEFINITIONS

Adjusted Accelerated Death Benefit. Means the single, lump sum dollar amount equal to (a) minus (b) minus (c) where:

- (a) Accelerated Death Benefit;
- (b) Administrative charge which will not exceed \$300;
- (c) Policy Debt.

The amount deducted from the Accelerated Death Benefit under (c) above, if any, will be used to repay any Policy Debt on the Adjusted Accelerated Death Benefit payment date.

Terminally Ill Individual. Means an individual who has been certified by a Physician as having a non-correctable illness or physical condition which can reasonably be expected to result in death in 6 months or less after the date of certification.

ELIGIBILITY

All of the following conditions must be met to qualify for an accelerated death benefit under the endorsement:

- (a) The Insured is first diagnosed as being a Terminally Ill Individual by a Physician after the Effective Date;
- (b) Written consent from any irrevocable beneficiaries and collateral assignees is received by the Company;
- (c) The Policy is not in force under a grace period, nonforfeiture option or paid-up endowment option;
- (d) An adjusted Accelerated Death Benefit payment has not been made under the endorsement;
- (e) The date a Physician certifies that the Insured is a Terminally Ill Individual is more than 1 year from the Maturity Date or Expiry Date, if applicable, of the policy;
- (f) Notice of claim is received by the Company; and
- (g) Proof of claim is received by the Company.

IMPACT ON THE POLICY

Lien. A lien will be established against the Policy in the amount of the Accelerated Death Benefit. Interest will be charged on the lien beginning on the Adjusted Accelerated Death Benefit payment date. Interest on the lien will be due on each Policy anniversary date as long as the lien and the Policy are in force. Interest as it accrues is considered part of the lien. Once the lien is established it will continue against the Policy until the earlier of the Policy termination date or the lien repayment date.

The effect of a lien will be as follows:

- (a) The lien amount will be subtracted from the death benefit or death benefit proceeds, as applicable, of the Policy.
- (b) If applicable under the Policy, access to the cash value for surrender, full surrender, partial surrender, withdrawal, partial withdrawal, automatic premium loan or nonforfeiture option will be limited to the cash value of the Policy minus any Policy Debt and minus the Lien. The lien will be repaid, if the Policy is continued in force as paid-up life insurance under a nonforfeiture option.
- (c) Access to the cash value for policy loan or policy loan interest will be limited to the cash value of the Policy minus any Policy Debt and minus the lien. If this limit is negative, the Policy may terminate in accordance with the terms of the Policy.

Continuing Premium Requirement. Any premium payments due under the Policy will need to be paid by the Owner in accordance with the terms and conditions of the Policy.

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NOTIFICATION OF RIGHT TO NAME A SECONDARY ADDRESSEE

Under Connecticut law, you have the right to designate a secondary addressee to receive a notice concerning the potential lapse of your policy. The notice to the secondary addressee will be sent when the policy is in danger of lapsing.

If you wish to name a secondary addressee, please call us at 1-800-366-9378, or fax us at 1-205-268-5807, or write us at P.O. Box 830619, Birmingham, Alabama 35283-0619.

Please Print the Following Information:

Policy Number (if known)

Policy Owner's Name

Insured's Name

Secondary Addressee:

Name

Street Address or P.O. Box

City, State, Zip Code

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LIFE INSURANCE ILLUSTRATION CERTIFICATION & ACKNOWLEDGEMENT

- This certification must be submitted with the Application for Life Insurance if a signed illustration is not submitted for one of the reasons set forth below.
- This form must be signed on or before the application signed date in restricted states.

1. PROPOSED INSURED *(please print)*

First, Middle, Last Name: _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy): _____

2. OWNER *(if other than Proposed Insured)*

First, Middle, Last Name: _____

3. AGENT/REPRESENTATIVE *(please print)*

First, Middle, Last Name: _____

Agent/Representative Number: _____ BGA Name *(if applicable)*: _____

4. ELECTRONIC ILLUSTRATION DATA – Complete this section if an electronic illustration is presented and no corresponding printed copy is provided.

Gender Class: _____ Initial Death Benefit: _____

Date of Birth (mm/dd/yyyy): _____ Premium Amount Illustrated: _____

Underwriting Class: _____ Premium Mode: _____

Plan Type: _____ Number of Policy Years Illustrated: _____

Product Name: _____ Guaranteed Interest Rate: _____%

Policy Form Number: _____ Non-Guaranteed Illustrated Interest Rate: _____%

Rider(s): _____ Alternate Indexed Interest Rate: _____%
(for Indexed Products)

I, the Applicant, hereby acknowledge that *(check only one)*:

- No policy illustration was provided to me and I understand that a policy illustration conforming to the policy as issued will be provided no later than the time the policy is delivered.
- The policy applied for is different than the policy illustration shown to me, and I understand that a policy illustration conforming to the policy as issued will be provided no later than at the time the policy is delivered.
- I viewed a complete electronic illustration which was based on the personal and policy information shown on this form and I understand that a policy illustration conforming to the policy as issued will be provided no later than at the time the policy is delivered. No corresponding printed copy was provided.

Applicant Signature: X _____ Date: _____

I, the Agent/Representative, hereby certify that *(check only one)*:

- No illustration was used in the sale of the life insurance applied for.
- The life insurance applied for is other than as shown in the policy illustration.
- I displayed a complete electronic illustration to the proposed insured that was based on the personal and policy information shown on this form. I further certify that the policy illustration complies with applicable state requirements and that no corresponding printed copy was provided.

Agent/Representative Signature: X _____ Date: _____

A SIGNED COPY MUST BE PROVIDED TO THE APPLICANT AND TO THE COMPANY
See Page 2 for State Specific Disclosures

REQUIRED CALIFORNIA DISCLOSURE – For Universal Life Policies with No-Lapse Guarantees

This policy is guaranteed to stay in force for a specified number of years as long as you meet the requirements of the Policy, including the Minimum Monthly Premium provision found in the policy contract. This provision is also known as a no-lapse guarantee, and a general description of the provision is included in the Narrative Summary section of the Basic Illustration.

While this policy provides a no-lapse guarantee, it may provide nonforfeiture benefits, such as cash surrender values, which are less than those that would be provided if the guarantee were issued as a separate policy, such as a term policy. If a separate term policy has higher nonforfeiture benefits, the premiums for the separate policy might be higher than the premiums for the no-lapse guarantee provided in this policy. Therefore, when considering the purchase of this policy, you should compare the value of higher nonforfeiture benefits, such as cash surrender values, versus the premiums required to keep your insurance coverage in force.

REQUIRED SOUTH CAROLINA DISCLOSURE – For Universal Life Policies with No-Lapse Guarantees

If there is no policy debt or partial surrenders, this policy is guaranteed to stay in force during the no lapse period as long as you have paid the required minimum premiums. This guarantee could be provided by a separate policy (such as a term policy). However, the nonforfeiture benefits (such as cash surrender value) in this policy may be significantly less valuable than those provided by the separate policy. So, if you fail to pay a premium within a specified period of time from its due date or otherwise cause this policy to terminate early, the benefits paid to you upon termination could be much less than would customarily be paid if provided by the separate policy.

When thinking about purchasing this policy, you should consider the tradeoff you may be making between having significantly smaller nonforfeiture benefits (such as a cash surrender value) available to you upon surrender of the policy versus the reduction in premium, if any, you may receive for not having these benefits.
