

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

FOREIGN TRAVEL AND RESIDENCE SUPPLEMENT

Name: _____ Date of Birth: _____ Policy #: _____

1. Of what country are you a citizen? _____
2. If not a U.S. citizen, what type of visa and expiration date? _____
3. How long have you resided in the U.S.? _____
4. Do you plan to **reside** outside the U.S. or Canada in the next 12 months? No Yes
If **YES**, please state dates, locations, including cities and countries, frequency and length of stay. _____

5. Do you plan to **travel** outside the U.S. or Canada in the next 12 months? No Yes
If **Yes**, please state dates, locations, including cities and countries, frequency and length of stay. _____

6. For what purpose is this foreign travel or residence? Please give a brief description of your duties while traveling or residing abroad. _____

7. Please provide details of previous travel within the past 2 years. Please state dates, locations, frequency, and duration of visits. _____

8. Do you expect to visit non-urban areas? No Yes If **YES**, please give details of:
a. Your likely accommodations _____
b. The availability of medical facilities _____
9. Would you consider traveling to war zones or hazardous areas? No Yes
If **YES**, please give details: _____
10. Do you anticipate flying other than as a passenger on regularly scheduled commercial airlines within the next 24 months?
 No Yes If **YES**, please give full details: _____
11. Additional details and comments: _____

I represent that the answers I have given are true to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree to inform Protective Life Insurance Company of any material changes before the insurance is in effect.

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.

Signed at (City, State): _____, _____ day of _____ (Month), _____ (Year).

Signature of Proposed Insured

Witness