

# PROTECTIVE LIFE INSURANCE COMPANY

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

## SUPPLEMENTAL APPLICATION - PRE-DETERMINED DEATH BENEFIT PAYOUT ENDORSEMENT

### SECTION 1

Name of Proposed Insured: \_\_\_\_\_

### SECTION 2

a. I wish to elect the Pre-Determined Death Benefit Payout Endorsement.

b. Please indicate the desired Death Benefit Payment Schedule:

**Initial Lump Sum (if any):** \$ \_\_\_\_\_

**Benefit Installment Mode / Amount / Duration:** *(please select either annual or monthly mode)*

Annual \$ \_\_\_\_\_ for \_\_\_\_\_ Years

Monthly \$ \_\_\_\_\_ for \_\_\_\_\_ Years

**For Annual**, would you like to specify the date the beneficiary receives benefit?  Yes  No

If Yes, what date? \_\_\_\_\_ (MM/DD). If no date chosen, beneficiary will receive benefit on the anniversary of the original claim processing date.

**For Monthly**, would you like to specify the day of the month the beneficiary receives benefit?  Yes  No

If Yes, what day? \_\_\_\_\_ (1<sup>st</sup> - 28<sup>th</sup>). If no day chosen, beneficiary will receive benefit on the day of the month of the original claim processing date.

c. Beneficiary: If multiple beneficiaries named, shares of both the initial lump sum and each installment will be equally divided among the surviving beneficiaries, unless otherwise specified.

Primary	Relationship	% of Initial Lump Sum (if any)	% of Benefit Installment Amount

Contingent	Relationship	% of Initial Lump Sum (if any)	% of Benefit Installment Amount

Signed at (City/State): \_\_\_\_\_

Signature of Proposed Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_