

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

INDIVIDUAL LIFE INSURANCE - SUPPLEMENTAL APPLICATION - MILITARY QUESTIONNAIRE

Full Name of Proposed Insured _____

File / Policy Number _____

1. Are you now a member of any military service, active or inactive? Yes No

If NO, proceed no further: Please complete signature section below and sign.

2. Branch of Service: Army Navy Marines Air Force Coast Guard

3. Present Duty Status: Active Active Reserve Inactive Reserve National Guard ROTC

4. Present Rank: _____

5. Present Unit: _____

6. Military Occupational Specialty: _____

- a) Do your military duties involve aquanautics, astronautics, chemical and biological weapons, explosives and munitions, fire departments, nuclear energy, overseas peacekeeping missions, special services, etc.? Yes No

If YES, please give details: _____

7. Address of Present Unit: _____

8. Current Assignment: _____

Location (State/Country): _____

9. Are you receiving any supplemental or hazardous duty pay based on your duties? Yes No

If YES, please give details: _____

10. To your knowledge and belief, have you been told or are you aware that:

- a) You or your unit will be transferred overseas? Yes No

If YES, where? _____

- b) You will be transferred to a new unit? Yes No

If YES, give details: _____

- c) You or your unit will be alerted for duty (if presently in Reserve or National Guard)? Yes No

If YES, give details: _____

REMARKS or Additional Details to YES Answers:

I declare that all answers on this form are full and correct, to the best of my knowledge and belief. They are made in continuation of and as part of my application for life insurance.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Proposed Insured: _____

Dated on: _____ City: _____ State: _____

Witness: _____