CONTRACT # _

IMPORTANT NOTICES

THIS IS A VARIABLE ANNUITY APPLICATION - CONTRACT BENEFITS ARE VARIABLE. THEY MAY INCREASE OR DECREASE, AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

RESIDENTS OF AZ: We will provide you reasonable factual information about benefits and provisions of the contract within a reasonable time after we receive your written request. You may return the contract to us or the agent through whom it was purchased any time within 10 days of your receipt of the contract, or within 30 days if the contract is issued in replacement of an existing contract, or if you are 65 years of age or older on the date of application. We will promptly return the Contract Value. This may be more or less than the Purchase Payment(s).

RESIDENTS OF AR, DC, KY, LA, ME, NM, OH, PA, RI and TN: Any person who knowingly and 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 is a crime and subjects such person to criminal and civil penalties.

RESIDENTS OF CALIFORNIA – AGE 65 AND OVER: There may be tax consequences, early withdrawal penalties, or other penalties if you sell or liquidate any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of an annuity product. You may wish to consult with an independent legal or financial advisor before selling or liquidating any assets and before buying an annuity product.

RESIDENTS OF CO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

RESIDENTS OF FL: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

RESIDENTS OF MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

RESIDENTS OF NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

RESIDENTS OF OK: WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

RESIDENTS OF OR: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim or provides false, incomplete or misleading information as part of the information provided to obtain coverage commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

RESIDENTS OF WA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

APPLICATION INSTRUCTIONS

Mailing Address for Applications:

<u>Overnight</u> Annuity New Business 2801 Hwy 280 South Birmingham, AL 35223 <u>U. S. Postal Mail</u> Annuity New Business P. O. Box 10648 Birmingham, AL 35202-0648

Percentages: Always use whole (not fractional) percentages. Percentage totals <u>must</u> equal 100% per category (*i.e.* "Primary" and "Contingent" Beneficiaries; "Purchase Payment" and "DCA Allocation" instructions; etc.)

Withholding on Withdrawals: All withdrawals from the Contract, including *SecurePay* and *Automatic Withdrawals* <u>must</u> include your instructions regarding Federal Tax Withholding. Complete "*Federal Tax Withholding on Non-Periodic Annuity Payments*" form # LAD-1133. If not completed, Federal Tax Withholding at a rate of 10% will automatically apply.

PROTECTIVE LIFE INSURANCE COMPANY

VARIABLE ANNUITY APPLICATION

Home Office: Nashville, Tennessee

CONTRACT # _

Select Product: X Protective Dimensions III Variable Annuity

Owner 1 Name:			Male	Female
	State:			
Email Address:			Phone:	
Owner 2			Male	Female
				• • • • • • • • • • • • • • • • • •
	State:			
-		-		
Annuitant Name:			Male	Female
City:	State:	Zip:	Tax ID:	
Email Address:			Phone:	
Initial Purchase Payment: (minimum: \$10,000)	Form LAD-1225 to name or	change a benencia	ry anytime before the deat	i or an owner.
Funding Source: Ca	ash Non-Qualifi	ed 1035 Exchange	Non-Insurance Excl	nange
Tra	ansfer Direct Rollo	over	Indirect Rollover	
Plan Type: No	on-Qual IRA	Roth IRA	Other:	
Complete if an IRA and includes new contributions: \$\$			'Amount) (Tax Year) 'Amount) (Tax Year)	
Replacement:				. ,
Do you currently have an a	nnuity contract or life insurand	ce policy?	Yes	s No
	replace an existing annuity co pany name and contract or policy nu		ce policy? Yes	s No
Company 1			Contract or Policy #	
Company 2			Contract or Policy #	
Company 3			Contract or Policy #	

An annuity contract is not a deposit or obligation of, nor guaranteed by any bank or financial institution. It is not insured by the Federal Deposit Insurance Corporation or any other government agency, and is subject to investment risk, including the possible loss of principal.

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ALLOCATE PURCHASE PAYMENTS - Unless you give us instructions for allocating subsequent Purchase Payments when you make them, we will use the Variable Account allocation in effect at that time. Use whole percentages. Purchase Payment and DCA Allocation percentage totals must equal 100%, each. If you are purchasing a protected lifetime income benefit, your contract allocation is restricted to a single choice from the following three options (dollar cost averaging is permitted): 100% to the "Protective Life Dynamic Allocation - Conservative" Sub-Account; or • 100% to the "Protective Life Dynamic Allocation - Moderate" Sub-Account; or • 50% to the "Protective Life Dynamic Allocation - Moderate" Sub-Account and 50% to the "Balanced Growth & Income" Model Portfolio. Purchase Payment Protective Life Guaranteed Account % Fixed Account - Not Available if a protected lifetime income benefit is purchased. % DCA Account 1 – Make DCA transfers on the <u>day</u> $(1^{st} - 28^{th})$ of the month for <u>months</u> (3 – 6 months). DCA Account 2 – Make DCA transfers on the ____ day $(1^{st} - 28^{th})$ of the month for ____ months (7 - 12 months). % Sub-Accounts of the Protective Variable Annuity Separate Account (Availability Is Restricted as stated above if a protected lifetime income benefit is purchased.) DCA Alloc American Funds IS Purch Pmt DCA Alloc Invesco Purch Pmt % Asset Allocation % American Value % % % Blue Chip Income & Growth % % Comstock % % Equity and Income % % Bond % % % % Capital Income Builder % **Global Real Estate** % Global Growth % Government Securities % % Global Growth and Income Growth and Income % % % % % % Global Small Capitalization % % International Growth % Growth % Mid Cap Growth % % % % Growth-Income % % Small Cap Equity % % International Purch Pmt DCA Alloc Legg Mason % % New World % % ClearBridge Mid Cap % U.S. Govt/AAA-Rated Securities % % ClearBridge Small Cap Growth % Clayton Street (Managed by Purch Pmt DCA Alloc Lord Abbett Purch Pmt DCA Alloc Janus Capital Management, LLC) % % Bond Debenture % Protective Life Dynamic Allocation - Conservative % % % Calibrated Dividend Growth % % Protective Life Dynamic Allocation - Moderate % % Fundamental Equity % __ % Protective Life Dynamic Allocation - Growth % % **Growth Opportunities** Purch Pmt DCA Alloc Fidelity % % Mid Cap Stock % % Contrafund Purch Pmt DCA Alloc Oppenheimer % % Index 500 % Capital Appreciation % % Investment Grade Bond Global % % % % % Mid Cap % % **Global Strategic Income** Purch Pmt DCA Alloc Franklin Templeton % % Government Money % % Franklin Flex Cap Growth % % Main Street® Purch Pmt DCA Alloc PIMCO Franklin Income % % % Franklin Mutual Global Discovery % All Asset % % % % Franklin Mutual Shares % % Long-Term U.S. Government % Franklin Rising Dividends % Low Duration % % % % Franklin Small Cap Value % % Real Return % % Franklin Small-Mid Cap Growth % % Short-Term Franklin Strategic Income % % % % Total Return % % Franklin U. S. Government Securities Purch Pmt DCA Alloc Royce **Templeton Developing Markets** % % % % Small-Cap % % Templeton Foreign % % Templeton Global Bond % % **Templeton Growth** DCA MODEL PORTFOLIOS Purchase Purch Pmt DCA Alloc Goldman Sachs (Do not allocate to more than one Model Portfolio.) Payment Allocation % Core Fixed Income % % Conservative Growth % % % % % Growth Opportunities Balanced Growth & Income __% % % Mid Cap Value % Balanced Growth % % Strategic Growth % % Growth Focus % Strategic International Equity % Authorizations I authorize the company to honor my verbal and electronic instructions regarding allocations to the Investment Options.

____ I authorize the company to honor <u>my agent's</u> instructions regarding allocations to the Investment Options.

Portfolio Rebalancing – Must be completed if a protected lifetime income benefit is purchased.

Rebalance to my current Variable Account allocation _____quarterly _____semi-annually _____annually on the ______day $(1^{st} - 28^{th})$ of the month. **For California Residents Age 60 and Older** – The consequences of allocating my initial Purchase Payment to the Sub-Accounts on the Effective Date with respect to the Contract's "Right to Cancel" provision have been explained to me and I understand them.

___ I instruct the Company to allocate my initial Purchase Payment as indicated above on the Contract Effective Date.

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Home Office: Nashville, Tennessee

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OPTIONAL BENEFITS AND FEATURES - Not Required	I. Select the options to be included in your Contract.				
Optional Death Benefit: Not available if any Owner or A					
Maximum Anniversary Value Maximum (
SecurePay Protected Lifetime Income Benefit: Not a than age 80 when the rider is purchased.	available if any Owner or Annuitant is younger than age 59 or older				
SecurePay <i>FXi</i>					
Automatic Purchase Plan: Not available if Automatic Wit	ithdrawals are selected. Attach a voided check.				
Draft \$ per month or quarter from my account on the day $(1^{st} - 28^{th})$ of the month and apply to					
	rchase Plan is selected. <u>Attach a voided check</u> and complete Federal m # LAD-1133. If not completed, Federal Tax Withholding at a rate of				
Withdraw \$ per month <i>or</i> quarter from the Cor	ntract on the day $(1^{st} - 28^{th})$ of the month and deposit to my account.				
SPECIAL REMARKS					
SUITABILITY					
Did you receive a current prospectus for this annuity? Do you believe the annuity meets your financial needs an	YesNo YesNo				
SIGNATURES					
I understand this application will be part of the annuity contract. The information I provide is true and correct to the best of knowledge and belief. The company will treat my statements as representations and not warranties. The company r accept instructions from any Owner on behalf of all Owners.					
termination values, when based upon the investme	ble loss of principal. The Contract Value, annuity payments and ent experience of the separate account, are variable and are not to any fixed dollar amount.				
-	On (Date)				
	Annuitant:Annuitant:				
PRODUCER REPORT - This section <u>must</u> be completed	and signed by the agent for the Contract to be issued.				
To the best of your knowledge and belief					
Does this annuity change or replace an existing annuity contract or life insurance policy? Yes No Does the applicant have any existing annuity contract or life insurance policy? Yes No					
-	rom the applicant after reasonable inquiry into the applicant's financial				
and tax status, investment objectives, and other relevant Producer Remarks:					
	fy applicant's identity: #				
	application the information provided to me by the applicant.				
Signature:					
Producer #					
Florida License # (if applicable)	Phone #				