

**PROTECTIVE LIFE INSURANCE COMPANY
P.O. Box 1928
Birmingham, AL 35201-1928**

PARENTAL CONSENT TO INSURANCE

Name of Minor Child:	Policy Number:
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An annuity contract has been submitted to Protective Life Insurance Company on your dependent child's behalf. In order to process the application, we must receive your written consent to name your dependent child as the annuitant. Please read and complete the information below.

I, the undersigned, hereby certify that I am the custodial parent or legal guardian of dependent child _____ listed in the application for an annuity contract. I hereby consent to the application for an annuity contract on my eligible dependent child by _____ as Owner and I understand that they will be named as the contract's annuitant if the contract application is approved by Protective Life Insurance Company. All statements and answers as they pertain to my dependent child are true and complete to the best of my knowledge. My signature below indicates that I have read, understand, and agree to all statements on this form.

Signed in _____, this _____ day of _____, 20_____.
City and State Day Month Year

Printed Name of Parent/Guardian of Annuitant Signature of Parent/Guardian of Annuitant

Printed Name of Parent/Guardian of Annuitant Signature of Parent/Guardian of Annuitant