

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

INDIVIDUAL LIFE INSURANCE APPLICATION – RIDER WORKSHEET

Required if applying for additional benefits or riders.

New Business In Force Protective Policy # : _____

Print Proposed/Primary Insured's Name _____ Proposed/Primary Insured's Social Security No. _____

**** If applying for Children's Term Rider, Income Provider Option, ExtendCare Rider or Chronic Illness Accelerated Death Benefit, please complete the rider specific supplemental application(s) per application instructions.***

ADDITIONAL BENEFITS

- Accidental Death Benefit Rider (Range \$10,000 - \$250,000) \$ _____
- * Children's Term Rider (1 Unit Equals \$1,000 Death Benefit – 25 Units Maximum) _____ Units
- * ExtendCare Rider or Chronic Illness Accelerated Death Benefit
 - Maximum Monthly Benefit Amount \$ _____
 - Elimination Period (Number of Days) _____
- Guaranteed Insurability Rider \$ _____
- * Income Provider Option
- Protected Insurability Rider \$ _____
- Waiver of Premium (Non-Universal Life Only)
- Waiver of Specified Premium Rider (Universal Life Only)
 - Monthly Benefit Amount \$ _____
- Other _____

I have read or have had read to me the completed Supplemental Application before signing below. The above statements and answers are true and complete to the best of my knowledge and belief. I agree that such statements and answers shall be attached to and made part of the application and shall be considered the basis of any insurance issued.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

Signed at: (City and State) _____ Date _____

Owner Signature

Proposed/Primary Insured Signature

Witness to Owner Signature

Signature of Parent or Guardian

Agent Name Printed

Agent Signature

FL License ID Number: _____