PROTECTIVE LIFE AND ANNUITY 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 Insur			d's Social Security No.
* If applying for Children's Term Rider or Income Provider Option please complete the rider specific supplemental application(s) per application instructions.			
AD	DITIONAL BENEFITS		
	Accidental Death Benefit Rider (Range \$10,000 - \$250,00	00)	\$
	* Children's Term Rider (1 Unit Equals \$1,000 Death Benefit – 25 Units Maximum)		Units
	Guaranteed Insurability Rider		\$
	Waiver of Premium Rider		
	* Income Provider Option		
	Waiver of Specified Premium Rider (Universal Life Only)		
	Monthly Be	nefit 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.			
Signed at: (City and State)		Date	
Owner Signature		Proposed/Primary Insured Signature	
Witness to Owner Signature		Signature of Parent or Gua	ardian