

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619
Birmingham, AL 35283-0619

INDIVIDUAL LIFE INSURANCE APPLICATION – CONFIDENTIAL FINANCIAL STATEMENT

To be signed by the Proposed Insured if Face Amount is \$5,000,001 or greater (for Proposed Insured(s) age 0 - 70) and \$3,000,001 or greater (for Proposed Insured(s) age 71 and older) or at the discretion of Underwriting. Complete Part 1 for personal coverage and Part 2 for business coverage. This form should be submitted for all estate tax/liquidity, asset maximization and charitable giving cases, and for any bankruptcy in the last 3 years. Additional documentation may be requested by the Company to verify the agreements and financial disclosures made below.

Name of Proposed Insured

Date of Birth

Social Security Number

Part 1

1. Your Income (before taxes):

Current Year

Prior Year

	Current Year	Prior Year
Salary or Wages	\$	\$
Bonuses and/or Commissions	\$	\$
Net Business or Professional Income (Gross income less business expenses)	\$	\$
Other Earned Income – Explain details in “Remarks” below	\$	\$
Unearned Income (interest and dividends, net real estate income, retirement income, etc.) – Explain details in “Remarks” below	\$	\$
TOTAL	\$	\$

2. Your Net Worth:

Current Year

Prior Year

	Current Year	Prior Year
Investment Assets (cash, mutual funds, stocks, 401k, etc.)	\$	\$
Real Estate (residence, second home, rental properties, etc.)	\$	\$
Business Assets – Explain details in “Remarks” below (cash, accounts receivable, equipment, inventory, etc.)	\$	\$
Liabilities (wages/interest/dividends payable, loans, etc.)	\$	\$
Net Worth	\$	\$

3. Estimated tax liabilities at death - include potential estate taxes, capital gains taxes, income taxes (both federal and state):

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4. How was the need and amount of coverage determined?

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Remarks (questions 1-4)

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