# 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 Bir	th Social Se	Social Security Number	
Par	t 1				
1.	Your Income (before taxes):		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" belo	w \$		\$	
	Unearned Income <i>(interest and dividends, net real estate income, retirement income, etc.)</i> – Explain details in "Remarks" below	\$		\$	
	TOTAL	\$		\$	

2.	Your Net Worth:	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):

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

#### Remarks (questions 1-4)

Par	12				
Cor	Complete questions 5-8 only if applying for business coverage.				
5.	Purpose of business coverage:				
	☐ Key Person ☐ Buy/Sell	Stock Repurchase	Creditor	Defei	rred Compensation
	☐ Other (explain):				
6.	If buy/sell, is a written buy/sell agre	ement in effect? (if Yes,	please attach a co	ору)	Yes No
	Percentage of Ownership Fair Market Value of Company (Provide details on how value was determined in "Remarks" section below)				%
					\$
	Are other partners being covered? (Provide details in "Remarks" section below) Date Business Started				Yes No
					///
7.	If Creditor:				
	Name of Lender				
	Amount of Loop	¢			

Financial Dotails of Business		l ast Yoar	Prior Year
Will the Loan be Collaterally Assigned?	🗖 Yes 🗖 No		
Length of Loan (how many years?)			
Purpose of Loan			
Amount of Loan	\$		

8.	Financial Details of Business:	Last Year	Prior Year
	Total Assets (cash, accounts receivable, equipment, inventory, etc.)	\$	\$
	Total Liabilities (wages/interest/dividends payable, loans, etc.)	\$	\$
	Gross Sales or Revenue	\$	\$
	Net Income (before taxes)	\$	\$

## Remarks (questions 5-8)

### Part 3

I agree that 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 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.

Signature of Proposed Insured	Date	Agent's Name Printed
Signature of Agent	Date	FL License ID Number