

PROTECTIVE LIFE INSURANCE COMPANY

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

IMPORTANT! Complete this entire form if you are a Canadian Citizen, or a Non-U.S. Citizen legally residing in the U.S. with a permanent or temporary Visa. If you need additional space for details, please use the Continuation of Information Form.

SECTION I

FOREIGN NATIONAL QUESTIONNAIRE

Name: _____ Policy #: _____

Gender: Male Female Date of Birth: _____ U.S. (or Canadian) SSN or TIN: _____

English Language Comprehension: Speak Read Write Email Address: _____

Country of Current Citizenship: _____ If Dual Citizen, Which Country(ies)? _____

SECTION II

1. Please provide the financial background listed below:

<u>Verifiable Net Worth</u>	<u>Assets (Verifiable)</u>	<u>Liabilities</u>	<u>Net Worth</u>
U.S. Total	\$ _____	\$ _____	\$ _____
Foreign (Non-U.S.) Total	\$ _____	\$ _____	\$ _____
Worldwide Total	\$ _____	\$ _____	\$ _____

U.S. Bank or Brokerage Account Information:

Name: _____ Date Account Opened: _____

Address: _____

Name: _____ Date Account Opened: _____

Address: _____

Name: _____ Date Account Opened: _____

Address: _____

2. Other than as described above, do you own personal or business assets or property in the U.S.? If so, please list and describe:

3. Will anyone other than the owner at the time of application obtain any right, title, ownership, or interest in any policy issued on the life of the Proposed Insured as a result of this application? Yes No

If Yes, provide details: _____

SECTION III

- 1. Have you maintained continuous U.S. residency for at least the past 12 months? Yes No
If Yes, provide length of residency: _____Year(s) _____Month(s)
- 2. Do you plan to reside outside the U.S. or Canada, for 6 months or longer in the next 12 months? Yes No
If Yes, provide details of previous and future foreign travel/residence including pleasure and short business trips. Please state possible date(s) of visit(s), cities, countries, regions, reason for visit(s), frequency and duration of visit(s):

Date(s) of visit(s): _____
Cities & Countries: _____
Regions: _____
Reason for visit(s): _____
Frequency: _____
Duration of visit(s): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS 3 THROUGH 5 BASED ON TRAVEL TO AFGHANISTAN or IRAQ.

- 3. Do you plan to travel to Afghanistan or Iraq in the next 12 months? Yes No
If Yes, provide details of future foreign travel/residence including pleasure and short business trips. Please state date(s) of visit(s), cities, countries, regions, reason for visit(s), frequency and duration of visit(s):

Date(s) of visit(s): _____
Cities & Countries: _____
Regions: _____
Reason for visit(s): _____
Frequency: _____
Duration of visit(s): _____

- 4. For what purpose is the foreign travel or residence? (Please give a brief description of your duties while traveling or residing abroad.)

- 5. Please provide details of previous travel to Afghanistan or Iraq within the past 2 years? Include date(s) of visit(s), cities, countries, regions, reason for visit(s), frequency and duration of visit(s):

Date(s) of visit(s): _____
Cities & Countries: _____
Regions: _____
Reason for visit(s): _____
Frequency: _____
Duration of visit(s): _____

SECTION IV

- 1. Foreign Residence: _____
Street Address

City State Postal Code
- 2. Employer Name: _____
Type of Business: _____
Occupation/Duties: _____

3. U.S. Employer: _____
Street Address

_____ *City* _____ *State* _____ *Zip Code*

4. Foreign Employer: _____
Street Address

_____ *City* _____ *State* _____ *Postal Code*

_____ *Foreign Country* _____ *Province* _____ *Region*

5. Visa Type & Symbol: _____

Visa Number: _____

Visa Issue Date: _____ Visa Expiration Date: _____

6. Passport Number: _____ Country Issuing Passport: _____

Passport Issue Date: _____ Passport Expiration Date: _____

SECTION V

ACKNOWLEDGEMENTS:

I acknowledge that I have carefully reviewed this form in its entirety, and that I understand and agree to the following:

- All information is complete, true and correctly recorded.
- All solicitation, underwriting requirements, applications and exams related to the purchase of life insurance products, as well as the completion and signing of the life insurance application must be completed in the United States.
- The delivery and placement of the insurance policy, including delivery by mail, must take place within the United States.
- All premiums shall be paid in U.S. dollars from an existing U.S. bank account.
- Required medical records must be provided in English within the United States.
- A copy of the Green Card (if applicable), Visa and Passport must accompany the application for insurance.
- A complete copy of the Trust (if applicable) must be included with the application for insurance.
- No person other than the owner at the time of application will obtain any right, title, ownership, or interest in any policy issued on the life of the Proposed Insured as a result of this application.
- The Proposed Insured must be legally residing in the United States for a continuous period of 1 year.
- The Proposed Insured must be a citizen of a country (or Canadian Province) approved by the Company.

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 & State) Date: _____

 Proposed Insured Name (Print) Signature of Proposed Insured

 Owner Name (Print) Signature of Owner (if other than the Proposed Insured)

 Name of Agent/Producer (Print) Signature of Agent/Producer

 Address of Agent/Producer

 Agent/Producer Number Agent/Producer FL License ID