

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

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

SUPPLEMENTAL APPLICATION - MILITARY QUESTIONNAIRE

Full Name of Proposed Insured _____

File / Policy Number _____

1. Are you now a member of any military service, active or inactive? Yes No
If NO, proceed no further: Please complete signature section below and sign.

2. Branch of Service: Army Navy Marines Air Force Coast Guard

3. Present Duty Status: Active Active Reserve Inactive Reserve National Guard ROTC

4. Present Rank: _____

5. Present Unit: _____

6. Do your military duties involve aquanautics, astronautics, chemical and biological weapons, explosives and munitions, fire departments, nuclear energy, overseas peacekeeping missions, special services? Yes No

If YES, please give details: _____

7. Address of Present Unit: _____

8. Current Assignment: _____

Location (State/Country): _____

9. Are you receiving any supplemental or hazardous duty pay based on your duties? Yes No

If YES, please give details: _____

10. To your knowledge and belief, have you been told or are you aware that:

a) You or your unit will be transferred overseas? Yes No
If YES, where? _____

b) You will be transferred to a new unit? Yes No
If YES, give details: _____

c) You or your unit will be alerted for duty (if presently in Reserve or National Guard)? Yes No
If YES, give details: _____

Additional Details to YES Answers:

I have read the completed Supplemental Application – Military Questionnaire 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.

Signature of Proposed Insured: _____

Dated on: _____ City: _____ State: _____

Witness: _____