

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

INDIVIDUAL LIFE INSURANCE - 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. Military Occupational Specialty: _____

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

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: _____

REMARKS or Additional Details to YES Answers:

I declare that all answers on this form are full and correct, to the best of my knowledge and belief. They are made in continuation of and as part of my application for life insurance.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties, according to state law.

CALIFORNIA ONLY - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature of Proposed Insured: _____

Dated on: _____ City: _____ State: _____

Witness: _____