

# PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY

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

## SUPPLEMENT TO LIFE INSURANCE APPLICATION

## APPLICATION SUPPLEMENT – PART I

The statements and answers to the questions listed below shall become a part of the attached application; shall be subject to the terms of the attached application; and shall become a part of any policy based on this application.

Print Name of Proposed Insured(s): \_\_\_\_\_

### For any policy to be issued as a result of this application:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| (1) Will anyone other than the Insured, his or her family, or employer/business partner pay any portion of the initial or future premiums or obtain any right, title or interest in this policy?<br>If Yes, complete the "Statement of Owner Intent" (Application Supplement – Part II) | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Will any portion of the initial or future premiums be borrowed, loaned or otherwise financed?<br>If Yes, complete the "Premium Financing Disclosure" (Disclosure and Acknowledgement)   | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Will a trust, including family trust, own this policy?<br>If Yes, complete the "Trust Certification" (Application Supplement – Part III)  | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Is the Proposed Insured age 65 or older AND total coverage applied for across all Protective companies \$1,000,000 or more?<br>If Yes, complete the "Statement of Owner Intent" (Application Supplement – Part II)  | <input type="checkbox"/> | <input type="checkbox"/> |

## SIGNATURES

I (We) have read or have had read to me (us) the completed Supplement before signing below. All statements and answers in the Supplement are correctly recorded and are full, complete and true to the best of my (our) knowledge and belief. I (We) understand that the information being provided in this Supplement is being relied upon in considering the application for life insurance.

Signed in \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(State) (Month) (Year)

Signature of Proposed Insured 1 \_\_\_\_\_ Address, Date of Birth, Telephone Number, Social Security Number \_\_\_\_\_

Signature of Proposed Insured 2 \_\_\_\_\_ Address, Date of Birth, Telephone Number, Social Security Number \_\_\_\_\_

Signature of Owner/Trustee & Title if Corporation 1 \_\_\_\_\_ Address, Date of Birth, Telephone Number, Social Security Number \_\_\_\_\_

Signature of Owner/Trustee & Title if Corporation 2 \_\_\_\_\_ Address, Date of Birth, Telephone Number, Social Security Number \_\_\_\_\_

Signature of Witness \_\_\_\_\_

## PRODUCER CERTIFICATION

By signing below, I hereby certify that to the best of my knowledge and belief, the information provided herein is complete, accurate, and correct and that the life insurance being applied for conforms to the Company's guidelines.

Signed at: \_\_\_\_\_ Date \_\_\_\_\_  
(City and State)

X \_\_\_\_\_  
Producer Signature Producer Name (Print)