

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

TEMPORARY LIFE INSURANCE RECEIPT

THIS RECEIPT PROVIDES A LIMITED AMOUNT OF LIFE INSURANCE COVERAGE, FOR A LIMITED PERIOD OF TIME, SUBJECT TO THE TERMS OF THIS RECEIPT.

Premium payment in the amount of \$ _____ is made for Life Insurance on each person proposed for insurance.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO PROTECTIVE LIFE INSURANCE COMPANY.

DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

QUALIFYING SCREENING QUESTIONS

- | | | |
|--|--------------------------|--------------------------|
| 1. Has any person proposed for insurance in this application: | Yes | No |
| a. within the past 90 days been admitted to a hospital or other medical facility, been advised to be admitted, or had surgery performed or recommended?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. within the past 2 years, been treated for heart trouble, stroke, or cancer, or had such treatment recommended by a physician or other practitioner?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. within the past 5 years, been rated or declined for insurance?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is any person proposed for insurance in this application under 15 days of age or over the age of 80 years (nearest birthday)?.. | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above questions, including any subpart thereof, is answered YES or LEFT BLANK, no representative of Protective Life Insurance Company is authorized to accept a premium. No one is authorized to accept a premium on Proposed Insureds under 15 days of age or over age 80.

TERMS AND CONDITIONS

AMOUNT OF COVERAGE - \$1,000,000 OVERALL MAXIMUM FOR ALL POLICIES, APPLICATIONS, AND RECEIPTS

If a premium has been accepted by Protective Life Insurance Company for an application for Life Insurance and any person proposed for Insurance in such application dies while this temporary life receipt is in effect, Protective Life will pay, subject to the conditions and limitations contained herein, to the beneficiary designated in such application a death benefit equal to the lesser of:

- the amount of life insurance applied for under such application, or
- the greater of (i) \$1,000,000 less the amount of death benefits due and payable by virtue of the insured's death under any other Protective Life policy, application, temporary receipt or the life, or (ii) \$50,000.

In no event shall Protective Life's liability under this Receipt exceed \$1,000,000.

DATE COVERAGE BEGINS: Temporary Life Insurance under this Receipt will begin on the date the Application has been completed and the premium has been paid.

DATE COVERAGE TERMINATES: Temporary Life Insurance under this Receipt will terminate automatically on the earlier of:

- the date that Protective Life mails notice of an adverse underwriting decision, as defined in **K.S.A. 40-2.111**, and refund of the advance premium payment to the Applicant at the address designated in this application, or
 - the date that Protective Life approves for issue the policy applied for at the rate class and for the amount indicated in this application.
- In no event shall coverage be provided under this Receipt if the policy applied for has been issued.

LIMITATIONS: This receipt does not provide benefits for disability. In the event of an adverse underwriting decision, as defined in **K.S.A. 40-2.111**, in accordance with (a) above, Protective Life's liability under this Receipt is limited to a refund of the premium payment made. If any person proposed for insurance dies by suicide, Protective Life's liability under this Receipt is limited to a refund of the payment made. There is no coverage under this Receipt if the check submitted as payment is not honored by the bank on first presentation. No one is authorized to waive or modify any of the provisions of this Receipt.

COVERAGE UNDER THIS RECEIPT SHALL BE VOID IF THERE IS FRAUD OR A MATERIAL MISREPRESENTATION IN THE APPLICATION FOR LIFE INSURANCE. I (WE) HAVE RECEIVED A COPY OF AND HAVE READ THIS TEMPORARY LIFE INSURANCE RECEIPT AND DECLARE THAT THE ANSWERS ARE TRUE TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) UNDERSTAND AND AGREE TO ALL ITS TERMS.

Signed at: _____ (City) _____ (State) Date: _____

(X) _____ (X) _____
Witnessed by Agent Proposed Insured (Sign Name in Full)

_____ (X) _____
Agent Name (Printed) *Applicant/Owner Signature (If Other than Proposed Insured)

_____ (X) _____
Street Address Joint Owner Signature

_____ (X) _____
City, State, Zip Signature of Parent or Guardian, if Minor

*If owner is Corporation, Partnership or Trust, a Corporate Officer, Partner or the Trustee must sign and state title.

NOTICE TO APPLICANT: You should retain the copy of this Receipt. The original will be retained by Protective Life. If you do not hear from us regarding the insurance applied for within 100 days from the date of this Receipt, notify us at P.O. Box 830619, Birmingham, AL 35283-0619, Attention: Underwriting Services.