

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

INDIVIDUAL LIFE INSURANCE - APPLICATION FOR CONVERSION TO VARIABLE UNIVERSAL LIFE

1. THE PROPOSED INSURED

Name: (First, Middle, Last)					
Gender	Birthdate	Birth State	Marital Status	Driver's License No. & State	SSN / Tax ID No.
Home Phone	Work Phone	Mobile Phone	Email Address		
Address (Street, City, State, Zip Code)					

2. THE OWNER (If other than Proposed Insured. If Trust, include Name and Date of Trust.)

Name				Date of Trust
Phone Number	SSN / Tax ID No.	Email Address		
Address (Street, City, State, Zip Code)				

BENEFICIARY DESIGNATIONS

1. PRIMARY BENEFICIARY(IES)

Name, Address, Phone Number	SSN / Tax ID	Birthdate(s)	Relationship(s)	Percentage(s)

2. CONTINGENT BENEFICIARY(IES)

Name, Address, Phone Number	SSN / Tax ID	Birthdate(s)	Relationship(s)	Percentage(s)

PLAN OF INSURANCE

Policy No. to be Converted or Exchanged:	New Plan of Insurance Requested: (Name of Product)	New Policy Face Amount \$
Death Benefit Option: <input type="checkbox"/> Level Face Amount <input type="checkbox"/> Increasing Face Amount	Section 1035: <input type="checkbox"/> Yes <input type="checkbox"/> No	1035 Loan Transfer: <input type="checkbox"/> Yes (subject to product availability) <input type="checkbox"/> No
Premium Payment: <input type="checkbox"/> Annual \$	<input type="checkbox"/> Quarterly \$	<input type="checkbox"/> Semi-Annual \$
<input type="checkbox"/> Cash with Application \$		<input type="checkbox"/> Carry over from existing Bank Account <input type="checkbox"/> Monthly (Pre-Authorized Withdrawal Only) \$
<input type="checkbox"/> Draft Initial Premium \$		

PURPOSE OF INSURANCE (TO BE ANSWERED BY PROPOSED OWNER)

What is the purpose of the insurance? (Personal – Family/Estate Protection, Asset Transfer or Business – Key man, Personal, Buy-Sell, etc.)

POLICY CONVERSION

<i>Existing Policy Number:</i>	<i>Remove the Children's Term Rider:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if applicable and subject to policy contracted provisions)</i>
<i>Are you converting the:</i> <input type="checkbox"/> Base Plan <input type="checkbox"/> Rider <i>(subject to policy contracted provisions)</i>	<i>If this is a partial conversion, is the balance of the base plan being:</i> <input type="checkbox"/> Cancelled <input type="checkbox"/> Kept \$ _____ <i>(subject to product availability and face amount minimums)</i>

REPLACEMENT INFORMATION (complete for 1035 only)

Is the policy applied for to replace an existing insurance or annuity policy(ies) with this or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If Yes, list all life insurance in force on all persons proposed for insurance.</i>			
<i>Name of Insured</i>		<i>Company</i>	
<i>Policy Number</i>			
<i>Replace or Change?</i>	<i>Amount</i>	<i>Purpose: Business / Personal</i>	<i>Issue Date</i>
<i>Name of Insured</i>		<i>Company</i>	
<i>Policy Number</i>			
<i>Replace or Change?</i>	<i>Amount</i>	<i>Purpose: Business / Personal</i>	<i>Issue Date</i>

DECLARATIONS

- A) No Agent can make, alter or discharge any contract, accept risks, or waive the Company's rights or requirements.
 B) Acceptance of a policy by the Owner shall constitute ratification of any changes made by the Company under "Home Office Endorsements." In those states where it is required, changes as to plan, amount, age at issue, classification or benefits will be made only with the Owner's written consent.

Did you receive the prospectus for the policy applied for and the prospectus for each of the funds? Yes No
 Do you believe that this policy will meet your insurance needs and financial objectives? Yes No
 Do you understand that the amount and duration of the death benefit and the amount of policy values may vary, depending on the investment experience of the variable accounts? Yes No
 Do you understand that cash values may increase or decrease in accordance with the experience of the separate account (subject to any specified minimum guarantees)? Yes No

Any person who knowingly 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.

Remarks:
HOME OFFICE ENDORSEMENTS (NOT TO BE USED WHERE PROHIBITED BY STATUTE OR INSURANCE DEPARTMENT RULING.)

Signed at <i>(City and State)</i>	Date
Proposed Insured's Name <i>(Printed)</i>	Owner's Name <i>(Printed – if other than the Proposed Insured)</i>
Proposed Insured's Signature	Owner's Signature
Agent's Name <i>(Printed)</i>	Agent's Contract Number
Agent's Signature	Agent's Email Address

INDIVIDUAL LIFE INSURANCE – VARIABLE UNIVERSAL LIFE – PREMIUM PAYMENT ALLOCATIONS

Policy Number: _____

1. PREMIUM PAYMENT ALLOCATIONS: (Please select ONE of the allocation methods in this section, but not both.)

Select the allocation method for your premium payments. If no allocation method is specified, all premium payments will be allocated to the Invesco V.I. US Government Money Portfolio I.

A. MODEL PORTFOLIOS:

If you would like to choose a Model Portfolio for your premium payment(s), please indicate by selecting ONE option below.

Do not allocate to more than one Model Portfolio. The Model Portfolio you select should align with your investment objective(s).

For more information about the Model Portfolios, please see the prospectus.

Model Portfolio Options:

- Conservative Growth** (50% Equity / 50% Fixed Income) **Moderate Growth** (65% Equity / 35% Fixed Income) **Growth & Income** (75% Equity / 25% Fixed Income) **Aggressive Growth** (90% Equity / 10% Fixed Income)

- Buffered Growth & Income**
(85% Equity / 15% Fixed Income)

B. INDIVIDUAL INVESTMENT OPTIONS:

If you are not selecting a Model Portfolio, then please select your Investment Options. Complete the "Purchase Allocation" column for the percentage of your premium payment(s) that will be allocated directly to that Investment Option. Complete the "Monthly Deduction Allocation" column to allocate the percentage of your monthly charges (other than Mortality & Expense) that will be deducted from that Investment Option. If the "Monthly Deduction Allocation" column is not completed, then the charges will be deducted as stated in the prospectus. **The "Purchase Allocation" column is required to be completed, but whether you complete only this column or both, the total for each column must equal 100%.**

Monthly Purchase Allocation	Monthly Deduction Allocation		Monthly Purchase Allocation	Monthly Deduction Allocation	
_____ %	_____ %	AMERICAN FUNDS INSURANCE SERIES®	_____ %	_____ %	LORD ABBETT (Value Class)
_____ %	_____ %	American Funds® IS Asset Allocation Fund (1)	_____ %	_____ %	Lord Abbett Series Fund Bond-Debenture Portfolio
_____ %	_____ %	American Funds® IS Global Growth Fund (1)	_____ %	_____ %	Lord Abbett Series Fund Dividend Growth Portfolio
_____ %	_____ %	American Funds® IS Growth Fund (1)	_____ %	_____ %	PIMCO
_____ %	_____ %	American Funds® IS Growth-Income (1)	_____ %	_____ %	PIMCO International Bond (USD-Hdg) Instl
_____ %	_____ %	American Funds® IS New World Fund (1)	_____ %	_____ %	PIMCO VIT Short-Term Instl
_____ %	_____ %	DIMENSIONAL FUND ADVISORS	_____ %	_____ %	PIMCO VIT Total Return Instl
_____ %	_____ %	DFA VA International Small Portfolio Instl	_____ %	_____ %	PUTNAM INVESTMENTS
_____ %	_____ %	DFA VA International Value Portfolio Instl	_____ %	_____ %	Putnam VT Sustainable Leaders IA
_____ %	_____ %	DFA VA US Large Value Portfolio Instl	_____ %	_____ %	THE ROYCE FUNDS
_____ %	_____ %	DFA VIT Inflation-Protected Securities Portfolio Instl	_____ %	_____ %	Royce Capital Small-Cap Inv
_____ %	_____ %	FIDELITY INVESTMENTS	_____ %	_____ %	TOPS®
_____ %	_____ %	Fidelity® VIP Growth Opportunities Portfolio Initial	_____ %	_____ %	TOPS® Aggressive Growth ETF Portfolio Class 1
_____ %	_____ %	Fidelity® VIP Index 500 Portfolio Initial	_____ %	_____ %	TOPS® Conservative ETF Portfolio Class 1
_____ %	_____ %	Fidelity® VIP Investment Grade Bond Portfolio Initial	_____ %	_____ %	TOPS® Growth ETF Portfolio Class 1
_____ %	_____ %	Fidelity® VIP Mid Cap Portfolio Initial	_____ %	_____ %	TOPS® Moderate Growth ETF Portfolio Class 1
_____ %	_____ %	FRANKLIN TEMPLETON INVESTMENTS	_____ %	_____ %	VANGUARD (Single Share Class)
_____ %	_____ %	ClearBridge Variable Small Cap Growth 1	_____ %	_____ %	Vanguard VIF Capital Growth Portfolio
_____ %	_____ %	Franklin Growth & Income VIP 1	_____ %	_____ %	Vanguard VIF Equity Income Portfolio
_____ %	_____ %	Franklin Income VIP1	_____ %	_____ %	Vanguard VIF International Portfolio
_____ %	_____ %	Templeton Developing Markets VIP1	_____ %	_____ %	Vanguard VIF Real Estate Index Portfolio
_____ %	_____ %	GOLDMAN SACHS	_____ %	_____ %	Vanguard VIF Short-Term Investment-Grade Portfolio
_____ %	_____ %	Goldman Sachs VIT Core Fixed Income Instl	_____ %	_____ %	PROTECTIVE LIFE GENERAL ACCOUNT
_____ %	_____ %	Goldman Sachs VIT Mid Cap Value Instl	_____ %	_____ %	Fixed Account
_____ %	_____ %	INVESCO	_____ %	_____ %	Other _____
_____ %	_____ %	Invesco® V.I. Diversified Dividend Fund – Series I			
_____ %	_____ %	Invesco® V.I. Global Fund – Series I			
_____ %	_____ %	Invesco® V.I. US Government Money Portfolio-Series I			
_____ %	_____ %	Invesco® V.I. S&P 500 Buffer Mar. Fund- Series I			
_____ %	_____ %	Invesco® V.I. S&P 500 Buffer Jun. Fund – Series I			
_____ %	_____ %	Invesco® V.I. S&P 500 Buffer Sep. Fund – Series I			
_____ %	_____ %	Invesco® V.I. S&P 500 Buffer Dec. Fund – Series I			

2. TELEPHONE TRANSFERS:

Protective Life Insurance Company will not be held liable for any loss, liability, cost, or expense for acting on telephone instructions. By checking this box, I authorize the company:

- To honor my verbal and electronic instructions regarding allocations to the Investment Options.
- To honor my agent's instructions regarding allocations to the Investment Options.

3. DOLLAR COST AVERAGING:

Transfer the amount indicated below:

Monthly Quarterly For _____ Months (*at least 6 months, but not more than 48 months*) On Day _____ (1 - 28)

From Source Fund

Amount (*Sub-Account Minimum \$5,000*)

_____ \$ _____

To Destination Fund

Amount (*Minimum \$100*)

Percentage (*Total Must be 100%*)

_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %

4. PORTFOLIO REBALANCING:

Rebalancing to begin on: _____/_____/_____ (date) (Rebalancing due date can only be days 1 – 28.)

Rebalancing should occur: Quarterly Semi-Annually Annually

The returns from the Investment Option(s) you select will vary. The percentage allocated to each Investment Option may change, but rebalancing will allow you to maintain the current premium payment allocation. The Variable Account Value will be automatically rebalanced based on the frequency you select.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under 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 in state prison.

SIGNATURES:

Signed at _____ (City and State) _____ (Date).

Proposed Insured

Proposed Owner (if other than Proposed Insured)

Signature of Parent or Guardian (if applicable)

Proposed Joint Owner (if applicable)

**PROTECTIVE LIFE INSURANCE COMPANY,
P.O. Box 1928
Birmingham, Alabama 35201-1928**

NOTIFICATION OF RIGHT TO NAME AT LEAST ONE SECONDARY ADDRESSEE

California policyholders have the right to designate at least one secondary addressee to receive notice of policy lapse or termination for nonpayment of premium. If you would like to make a designation, please complete the information below and return it to us at P.O. Box 1928, Birmingham, Alabama 35201-1928. If you do not wish to name a secondary addressee at this time, simply do not return the form. Note that this form will be provided on an annual basis should you reconsider.

If you have any questions about your right to name at least one secondary addressee, please call us at 1-800-265-1545, fax us at 1-205-268-4516 or write us at P.O. Box 1928, Birmingham, Alabama 35201-1928.

Please Print the Following Information:

Policy Number (if known)	Policy Owner's Name	Insured's Name
--------------------------	---------------------	----------------

Secondary Addressee(s):

_____	_____
Name	Name
_____	_____
Street Address or P.O. Box	Street Address or P.O. Box
_____	_____
City, State, Zip Code	City, State, Zip Code
_____	_____
Telephone Number	Telephone Number

Name

Street Address or P.O. Box

City, State, Zip Code

Telephone Number

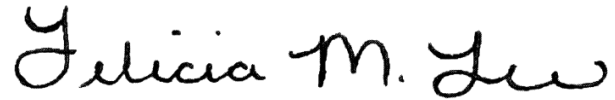
APPLICATION ENDORSEMENT

This Endorsement is part of the Application to which it is attached to replace the fraud notice with the following:

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.

Signed for the Company as of the Effective Date, which is the Date of the Application.

PROTECTIVE LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "Felicia M. Lee". The signature is written in a cursive style with a large initial 'F' and a long, sweeping tail on the 'e'.

Felicia M. Lee
Secretary