PROTECTIVE LIFE INSURANCE COMPANY

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

APPLICATION TRANSMITTAL	
PLEASE PRINT LEGIBLY Date Sent:	
TO: ☐ PLB New Business ☐ IDG New Busin	
Mail to: P.O. Box 830619, Birmingha New Business Fax: 205-268-5807 Policy Revisions Fax: 205-268-3368	
If desired, express mail to: 2801 Highway 280 South, Birmingham, AL 35223 ATTN: New Business	
Broker/Representative:	•
Broker/Representative # (Required):	
Broker/Representative Phone #: ()	
Broker/Representative Fax #: ()	
Broker/Representative Email Address:	
□ BGA / Broker Dealer:	
This is a: Replacement	□ For Companion Case
☐ 1035 Exchange	□ For Existing Policy #
☐ Conversion☐ Other Policy Change	□ For Pending Policy#
PLEASE CHECK ALL ENCLOSED ITEMS	
□ 1035 Exchange Form (F-LAD-277)	Delivery Requirements:
☐ Release and Request Form	Amendment D. Marrow
2 Page UL Exchange Disclosure (Policy Revisions Only) (IIllustration:	U-593)
☐ Basic ☐ Revised	Other:
☐ Conditional Receipt (PL-CR)	State Specific Forms:
☐ Confidential Financial Statement (PL-405R)	☐ Arbitration: ☐ AL ☐ MS ☐ NV
HIV Consent (Form # varies by state)	MN Guaranty Notice (MN-1)
□ PAW Authorization (PL-104)□ Part 1 Application (including Part 1A Non-med) (PL-402)	□ PA Cost Disclosure (U-332-E) □ PA Surrender Index (U-332-F)
☐ Payroll Deduction Authorization (PDA) (F-LAD-416)	☐ Secondary Addressee: ☐ CA ☐ CT ☐ FL ☐ ID
☐ Premium/Cash with Application \$	
☐ Questionnaires:	☐ Temporary Life Receipt (KS and CA Only)
	n/Rock Climbing (PL-U657) Requirements Ordered:
	ute/Sky Diving (U-601)
, ,	Usage (PL-600) EKG (Resting/Treadmill) HOS
☐ Foreign Travel & Residence (U-646) ☐ Military (PL-602)	□ APS DR: □ Part 2 Medical □ Other:
☐ Authorization:	To expedite the processing of this application, please provide details of any significant medical
☐ Regular ☐ HIPAA	history and include the name, address and phone number of the attending physician(s).
☐ Replacement Requirements	(-)
☐ Premium Financing (SOLI/IOLI):	
☐ Supplement to Life Application (PL-701)	
☐ Statement of Owner Intent (PL-702)	
☐ Trust Certification (F-LAD-410)	
☐ Disclosure and Acknowledgement (F-LAD-411)	
Surrender Form (BL-102)	For questions regarding this transmittal, please contact:
☐ TIADB Form (if required) (Form # varies by state)☐ No Illustration (PLX-588)	
☐ Voided Check	Please include Name and Phone Number with Area Code

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.

PLB-3394 03/2024