

**PROTECTIVE LIFE INSURANCE COMPANY**

**P.O. Box 830619**

**Birmingham, AL 35283-0619**

**LIFE INSURANCE ILLUSTRATION CERTIFICATION & ACKNOWLEDGEMENT**

- **This certification must be submitted with the Application for Life Insurance if a signed illustration is not submitted for one of the reasons set forth below.**
- **This form must be signed on or before the application signed date in restricted states.**

**1. PROPOSED INSURED** *(please print)*

First, Middle, Last Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth *(mm/dd/yyyy)*: \_\_\_\_\_

**2. OWNER** *(if other than Proposed Insured)*

First, Middle, Last Name: \_\_\_\_\_

**3. AGENT/REPRESENTATIVE** *(please print)*

First, Middle, Last Name: \_\_\_\_\_  
Agent/Representative Number: \_\_\_\_\_ BGA Name *(if applicable)*: \_\_\_\_\_

**4. ELECTRONIC ILLUSTRATION DATA – Complete this section if an electronic illustration is presented and no corresponding printed copy is provided.**

Gender Class: _____	Initial Death Benefit: _____
Date of Birth <i>(mm/dd/yyyy)</i> : _____	Premium Amount Illustrated: _____
Underwriting Class: _____	Premium Mode: _____
Plan Type: _____	Number of Policy Years Illustrated: _____
Product Name: _____	Guaranteed Interest Rate: _____ %
Policy Form Number: _____	Non-Guaranteed Illustrated Interest Rate: _____ %
Rider(s): _____	Alternate Indexed Interest Rate: _____ % <i>(for Indexed Products)</i>

**I, the Applicant, hereby acknowledge that *(check only one)*:**

- No policy illustration was provided to me and I understand that a policy illustration conforming to the policy as issued will be provided no later than the time the policy is delivered.
- The policy applied for is different than the policy illustration shown to me, and I understand that a policy illustration conforming to the policy as issued will be provided no later than at the time the policy is delivered.
- I viewed a complete electronic illustration which was based on the personal and policy information shown on this form and I understand that a policy illustration conforming to the policy as issued will be provided no later than at the time the policy is delivered. No corresponding printed copy was provided.

Applicant Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**I, the Agent/Representative, hereby certify that *(check only one)*:**

- No illustration was used in the sale of the life insurance applied for.
- The life insurance applied for is other than as shown in the policy illustration.
- I displayed a complete electronic illustration to the proposed insured that was based on the personal and policy information shown on this form. I further certify that the policy illustration complies with applicable state requirements and that no corresponding printed copy was provided.

Agent/Representative Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**A SIGNED COPY MUST BE PROVIDED TO THE APPLICANT AND TO THE COMPANY**  
**See Page 2 for State Specific Disclosures**

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**REQUIRED CALIFORNIA DISCLOSURE – For Universal Life Policies with No-Lapse Guarantees**

This policy is guaranteed to stay in force for a specified number of years as long as you meet the requirements of the Policy, including the Minimum Monthly Premium provision found in the policy contract. This provision is also known as a no-lapse guarantee, and a general description of the provision is included in the Narrative Summary section of the Basic Illustration.

While this policy provides a no-lapse guarantee, it may provide nonforfeiture benefits, such as cash surrender values, which are less than those that would be provided if the guarantee were issued as a separate policy, such as a term policy. If a separate term policy has higher nonforfeiture benefits, the premiums for the separate policy might be higher than the premiums for the no-lapse guarantee provided in this policy. Therefore, when considering the purchase of this policy, you should compare the value of higher nonforfeiture benefits, such as cash surrender values, versus the premiums required to keep your insurance coverage in force.

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**REQUIRED SOUTH CAROLINA DISCLOSURE – For Universal Life Policies with No-Lapse Guarantees**

If there is no policy debt or partial surrenders, this policy is guaranteed to stay in force during the no lapse period as long as you have paid the required minimum premiums. This guarantee could be provided by a separate policy (such as a term policy). However, the nonforfeiture benefits (such as cash surrender value) in this policy may be significantly less valuable than those provided by the separate policy. So, if you fail to pay a premium within a specified period of time from its due date or otherwise cause this policy to terminate early, the benefits paid to you upon termination could be much less than would customarily be paid if provided by the separate policy.

When thinking about purchasing this policy, you should consider the tradeoff you may be making between having significantly smaller nonforfeiture benefits (such as a cash surrender value) available to you upon surrender of the policy versus the reduction in premium, if any, you may receive for not having these benefits.

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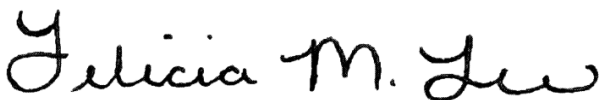
**REQUIRED CALIFORNIA APPLICATION ENDORSEMENT**

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



Felicia M. Lee  
Secretary