

PROTECTIVE LIFE INSURANCE COMPANY

"the Company"

P.O. Box 830619

Birmingham, AL 35283-0619

MILITARY PERSONNEL LIFE INSURANCE SALES DISCLOSURE

Instructions to Producer: This disclosure form is required for all sales of life insurance to active duty service members. This form must be completed and reviewed with the service member at the time an application is taken. The original of the signed disclosure form must be left with the service member. A copy of the form must be sent to The Company. (Note: In Ohio, this disclosure form is also required for all life insurance sales to a service member's immediate family).

No person may sell, or offer for sale, any life insurance product to any member of the Armed Forces, regardless of the location of the sale, unless a disclosure in accordance with Section 10 of the Military Personnel Financial Services Protection Act of 2006, Pub. L. No. 109-290, is provided to such member at the time of sale or offer.

Definition of Active Duty Service Member: "Active duty service member" means a service member engaged in full time duty in the active military service of the United States. This includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training specifying periods of 31 calendar days or more. In Florida, Nevada, Ohio, Massachusetts, and Vermont, the term "active duty" is not limited to reservists performing active duty or active duty for training under orders specifying periods of 31 calendar days or more, and includes all reserve members on active duty or active duty for training, without regard to the length of the call-up or orders. The disclosure forms required by these procedures must be provided to these service members. In addition, in Florida, Ohio, and Vermont, the term "active duty service member" also includes all reservists on drill status. The disclosure forms required by these procedures must be provided to these service members as well.

Disclosure:

1. Subsidized life insurance is available to members of the Armed Forces from the Federal Government under the Servicemembers' Group Life Insurance ("SGLI") program, under Subchapter III of Chapter 19, Title 38, United States Code.
2. The maximum amount of insurance coverage available under the SGLI program is \$400,000 at a total monthly premium amount of 7 cents per \$1,000 of insurance. (per SGLI website, premium rate effective as of July 1, 2014). Further information on the SGLI program can be obtained by contacting Service Members Group Life Insurance at 1-800-419-1473 or at www.insurance.va.gov.
3. The life insurance product being offered to you is not offered or provided by the Federal Government, and the Federal Government has in no way sanctioned, recommended, or encouraged the sale of this life insurance product being offered.
4. No person, other than a licensed life insurance producer, has received any referral fee or incentive compensation in connection with the offer or sale of this life insurance product.
5. The policy being offered to you may have the ability to accumulate cash value which could be used to pay policy charges or premium. The terms and circumstances under which this policy may accumulate cash value, and where any cash value could be used to offset policy premium or charges, have been detailed for you in your product illustration and life insurance policy.
6. Consistent with state law, this policy contains a "free look" period. When you receive your policy, review it immediately. Should you decide that you do not wish to keep your policy, return it to the agent or The Company that issued it within the free look period specified in your policy. Any payment that you made will then be refunded as specified in your policy.
7. The address and phone number where consumer complaints are received by the State Insurance Commissioner for the state having primary jurisdiction and duty to regulate the sale of life insurance products listed on this form may be obtained at http://www.naic.org/state_web_map.htm.
8. In the event that the solicitation of the policy type listed on this form occurred on a Military Installation, DD Form 2885, "Personal Commercial Solicitation Evaluation" must be presented to the proposed Owner and the Agent/Representative must not discourage the Owner from completing or submitting the form.

Life Insurance Only: Policy Type Applied for: Term Life Universal Life Variable Universal Life Whole Life

Death Benefit Applied for \$ _____ First Year Premium \$ _____

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.

Signatures:

Signed at: _____ (City) _____ (State) this day of _____, _____ year.

X _____
Signature of Owner

X _____
Signature of Agent/Registered Representative