

PROTECTIVE LIFE AND ANNUITY INSURANCE COMPANY
P.O. Box 830619
Birmingham, AL 35283-0619

PARENTAL CONSENT TO INSURANCE

Name of Minor Child:	Policy Number:
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An application for life insurance has been submitted to Protective Life and Annuity Insurance Company on your dependent child's behalf. In order to process the application, we must receive your written consent to insure your dependent child. Please read and complete the information below.

I, the undersigned, hereby certify that I am the custodial parent or legal guardian of dependent child _____ listed in the application for life insurance. I hereby consent to the application for life insurance on my eligible dependent child by _____ as Owner and I understand that they will be covered if the application is approved for coverage by Protective Life and Annuity Insurance Company. All statements and answers as they pertain to my dependent child are true and complete to the best of my knowledge. My signature below indicates that I have read, understand, and agree to all statements on this form.

Signed in _____, this _____ day of _____, 20_____.
City and State Day Month Year

Printed Name of Parent or Guardian of Proposed Insured Signature of Parent or Guardian of Proposed Insured

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