

**PROTECTIVE LIFE 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 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 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.**

**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.**

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

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