

**PROTECTIVE LIFE INSURANCE COMPANY**

**P.O. Box 830619**

**Birmingham, AL 35283-0619**

**IMPORTANT NOTICE REGARDING "SAVE-AGE" DATING OF POLICY**

**Policy Number:** \_\_\_\_\_

**Proposed Insured:** \_\_\_\_\_

**Proposed Owner:** \_\_\_\_\_

**Proposed Joint Owner:** \_\_\_\_\_

Your Protective Life Policy has been dated to **"save-age"**. This means that we have issued your Policy with a Policy Date that results in a lower premium rate than if you had not dated back to "save-age." Premiums will be payable from this "save-age" Policy Date, even though the Policy Date will be earlier than the date the Policy is delivered to you. Whether or not you select this option, coverage begins only when the Policy is delivered and the first premium is paid, unless you have obtained temporary coverage under our Conditional Receipt Agreement or our Temporary Life Insurance Receipt.

In exchange for the lower premium rate you receive with "save-age" dating, you will pay premiums for the period between the Policy Date and the date of delivery of your Policy, **which is a period in which you receive no insurance coverage**. The amount of premiums you will pay for this non-covered period depends on how long it took to approve, issue, and deliver the Policy to you.

Should you have any questions about this dating, however, you should consult with your Agent or call our Policyholder Services Department at 1-800-265-1545 to discuss this.

**You are free to accept or decline this option of having your Policy dated to "save-age".**

\_\_\_ **Accept** "save-age" dating of Policy.

\_\_\_ **Decline** "save-age" dating of Policy. **(Please contact your Agent for any Revised Premium Quote.)**

Complete and sign below to indicate your choice. Once you complete the form, please return the original to us and keep a copy for your records.

**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 at: \_\_\_\_\_ (City & State) \_\_\_\_\_ (Date).

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Proposed Owner (if other than Proposed Insured)

\_\_\_\_\_  
Signature of Proposed Joint Owner (if applicable)