

Protective Life Insurance Company
Life and Health Insurance Administration
P.O. Box 12687
Birmingham, AL 35202-6687

POLICY NO: _____

INSURED'S NAME: _____

OWNER'S NAME: _____

The following form will allow you to request a monthly transfer of a fixed dollar amount from the Fixed Account to the Indexed Account for a twelve (12) month period. Monthly Level Transfer (MLT) will apply to the total balance in the fixed account. The fixed monthly amount will be automatically transferred on the 15th of each month. Only one (1) MLT may be set up at a time. When the fixed account balance is less than the MLT amount, the remaining fixed account balance will be transferred and the MLT will be stopped systematically.

Monthly Level Transfer (MLT) for Indexed Universal Life Insurance

To allow us to process your request according to your preferences, please time it to arrive before the Monthly Anniversary date. Also, it must arrive:

- No earlier than 30 calendar days prior to the transfer
- No later than 4 p.m. (Eastern Time), 5 business days prior to the transfer

1. Request for Monthly Level Transfer from the Fixed Account to the Indexed Account

Monthly Amount: _____ Start Date: _____

Transfers from Fixed to Indexed Accounts will be processed on the next Monthly Anniversary after we receive the request.

2. Request to Cancel Monthly Level Transfer Between the Fixed and Indexed Accounts

Cancel Date: _____

Cancellations will be processed on the next Monthly Anniversary after we receive the request.

Mail Request to: Protective Life Insurance Company
P.O. Box 12687
Birmingham, AL 35202-6687
Fax Request to: 205-268-3402
E-mail Request to: LADPHS@Protective.com

For your convenience, you may also make a request for set-up or cancellation by calling our toll-free Customer Service line at 800-866-9933 or by visiting www.protective.com.

POLICY NO: _____

INSURED'S NAME: _____

OWNER'S NAME: _____

SIGN HERE FOR THE ABOVE REQUEST(S)
Please read the Signature Requirements to avoid a delay in processing.

_____	_____	_____
Witness	Owner's Signature (Provide title if officer of corporation)	Date

Owner Current Address

Owner Daytime Telephone

_____	_____	_____
Witness	Owner's Signature (Provide title if officer of corporation)	Date

Owner Current Address

Owner Daytime Telephone

SIGNATURE REQUIREMENTS

1. Please complete the forms in BLACK ink to ensure that they are legible for processing.
2. If the Policy is assigned, the Assignee does not have to sign.
3. If the Owner resides in a Community Property State, we recommend that the Owner's spouse join in signing this form. This is for the protection of both parties.
4. If the Policy is owned by a partnership, association or company, this form should be signed by an officer other than the Insured.
5. If the Policy is owned by a corporation, this form must be signed by an officer other than the Insured and that signature must be attested by the Secretary of the corporation or two officers should sign. If there is only one corporate officer, please advise us on this form.
6. Signatures must be witnessed by a disinterested party of legal age.