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

DISCLOSURE STATEMENT - Universal Life

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THE INSURANCE BEING SOLICITED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY LIFE INSURANCE.

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

_____ _____ _____
Name of Proposed Insured | Age | Gender

_____ _____
Name of Agent preparing disclosure | Telephone number of Agent

_____
Agent home or agency address

Protective Life Insurance Company | P.O. Box 830619, Birmingham, AL 35283-0619
Name of Insurer | Home office address of Insurer

Direct all correspondence to above address.

	Descriptive Title of Coverage	Face Amount of Coverage (1) If Not Applicable, Description of Coverage	Annual Premium If Not Known, Premium For Mode Quoted (2)
* Policy			
* Rider(s)			
* Supplemental Benefit(s) (Built into policy)			The cost is included in the premium for the policy.

1. The face amount of coverage of the (policy, rider, supplemental benefit) changes as follows: _____

_____

2. Total Initial (annual, semi-annual, quarterly, & monthly) premium for the policy and riders, if any, will be _____

* Guaranteed Cash Value. If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value for each $1,000 (or face amount). * You may borrow against this cash value at any annual _____% loan interest change.

Number of Years Policy Has Been In Force	5 ☐	10 ☐	20 ☐	Age 65 ☐
Total Accumulated Cash Value per $1,000 (or Total Face Amount)	$	$	$	$

* A Surrender Comparison Index will be provided upon delivery of the policy or earlier if requested. This index provides one means of comparing the relative costs of two or more similar policies.

* The prospective insured has _____ has not _____ requested an earlier delivery of the Index.

Upon request, either the company or agent will furnish you with additional information about the insurance described.

* If inapplicable to insurance being offered, section may be deleted entirely or clearly marked "Not Applicable."

SURRENDER COMPARISON INDEX DISCLOSURE PER $1,000 OF FACE AMOUNT OF BASIC INSURANCE

_____ _____ _____
Name of Proposed Insured | Age | Gender

_____ _____ _____
Face amount of Policy | Descriptive Title of Policy | Policy Number

* 10 Year Surrender Index _____ * 20 Year Surrender Index _____

The Surrender Comparison Index was designed to measure the relative cost of life insurance protection and may be useful for comparison of similar policies offered by other companies. Technically, the Index shows the relationship between the amounts paid by the insured and the amounts paid by the insurer (the cash value of the policy in the event of surrender over periods of 10 and 20 years all adjusted for compound interest at the rate of five percent per annum to reflect the timing of the payments).

When comparing similar policies, if all things are equal, the policy with the lower Index is generally the lower cost policy and the better buy in the event that the policy was surrendered at the end of the designated period. If death would occur during the designated period, the policy with the lower Index would not necessarily be the lower cost policy. The Index does not take into account, among other things: (1) the value of the services of an agent or company; (2) the relative strength and reputation of the company; and (3) small differences in policy provisions. The Index does assume that annual premiums are paid and that no additional benefit provisions are included.

* If inapplicable to insurance being offered, section may be deleted entirely or clearly marked "Not Applicable."

CERTIFICATION OF DISCLOSURE

I certify that the written disclosure statement required by Chapter 83 of the Pennsylvania Regulations was given to the proposed insured above on or before the date the application was completed.

_____ _____
Signature of Agent | Date