

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

FOREIGN TRAVEL AND RESIDENCE SUPPLEMENT

1. Proposed Insured (Please print)		Date of Birth	Policy #
2. Of what country are you a citizen?	3. If not a U.S. citizen, what type of visa and expiration date?		
4. How long have you resided in the U.S?			
5. Do you plan to <u>reside</u> outside the U.S. or Canada, for 6 months or longer, in the next 12 months? ___ YES ___ NO If YES, please state possible dates, locations, including cities and countries, purpose of residence, frequency and length of stay.			
PLEASE ANSWER THE FOLLOWING QUESTIONS BASED ON TRAVEL TO AFGHANISTAN OR IRAQ ONLY			
6. Do you plan to <u>travel</u> to Afghanistan or Iraq in the next 12 months? ___ YES ___ NO If YES, please state possible dates, locations, including cities and countries, purpose of travel, frequency and length of stay.			
7. Please provide details of previous travel to Afghanistan or Iraq within the past 2 years. Please state dates, locations, frequency, and duration of visits.			
8. Do you expect to visit non-urban areas of Afghanistan or Iraq? ___ YES ___ NO If YES, please give details of: a. Your likely accommodations _____ b. The availability of medical facilities _____			
9. Would you consider traveling to war zones or hazardous areas of Afghanistan or Iraq? ___ YES ___ NO If YES, please give details.			
10. Additional details and comments:			
<p>I represent that the answers I have given are true to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree to inform Protective Life Insurance Company of any material changes before the insurance is in effect.</p> <p>Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.</p>			
Signed at _____ City State		Date _____	
Witness _____		Proposed Insured _____	
Agent's Signature _____		Agent's FL License ID _____	
Agent's Printed Name _____			