

VARIABLE UNIVERSAL LIFE – PREMIUM PAYMENT ALLOCATIONS

Policy Number: _____

1. PREMIUM PAYMENT ALLOCATIONS:

Select the allocation for your premium payments. (If no allocation is specified, all proceeds will be allocated to the Oppenheimer Funds Government Money/VA.) You may also select the sub-accounts for which your monthly charges (other than Mortality & Expense) will be deducted. (If no designation, charges will be deducted as stated in the prospectus.)

2. TELEPHONE TRANSFERS: *Protective Life Insurance Company will not be held liable for any loss, liability, cost or expense for acting on telephone instructions.* By checking this box, I authorize the company:

- To honor **my** verbal and electronic instructions regarding allocations to the Investment Options.
- To honor **my agent's** instructions regarding allocations to the Investment Options.

Monthly Purchase Deduction Allocation Allocation	Category 1 – Conservative	Monthly Purchase Deduction Allocation Allocation	Category 3 – Aggressive
	(Minimum allocation of 35% is required for Protective Investors Choice VUL)		(Allocations are limited to a maximum of 30% for Protective Investors Choice VUL)
_____ % _____ %	Fidelity VIP Investment Grade Bond	_____ % _____ %	American Funds IS Blue Chip Income and Growth
_____ % _____ %	Franklin U.S. Government Securities VIP	_____ % _____ %	American Funds IS Global Growth
_____ % _____ %	Goldman Sachs VIT Core Fixed Income	_____ % _____ %	American Funds IS Global Small Capitalization
_____ % _____ %	Invesco V.I. Government Securities	_____ % _____ %	American Funds IS Growth
_____ % _____ %	Lord Abbett Series Bond Debenture	_____ % _____ %	American Funds IS International
_____ % _____ %	Oppenheimer Funds Global Strategic Income/VA	_____ % _____ %	American Funds IS New World
_____ % _____ %	Oppenheimer Funds Government Money/VA	_____ % _____ %	Fidelity VIP Mid Cap
_____ % _____ %	PIMCO VIT Long-Term U.S. Government	_____ % _____ %	Franklin Flex Cap Growth VIP
_____ % _____ %	PIMCO VIT Low Duration	_____ % _____ %	Franklin Small Cap Value VIP
_____ % _____ %	PIMCO VIT Real Return	_____ % _____ %	Franklin Small-Mid Cap Growth VIP
_____ % _____ %	PIMCO VIT Short-Term	_____ % _____ %	Goldman Sachs VIT Growth Opportunities
_____ % _____ %	PIMCO VIT Total Return	_____ % _____ %	Goldman Sachs VIT Mid Cap Value
_____ % _____ %	Templeton Global Bond VIP	_____ % _____ %	Goldman Sachs VIT Strategic International Equity
_____ % _____ %	TOPS® Conservative ETF	_____ % _____ %	Invesco V.I. American Value
	Category 2 -Moderate	_____ % _____ %	Invesco V.I. Global Real Estate
	(Allocations are limited to a maximum of 65% for Protective Investors Choice VUL)	_____ % _____ %	Invesco V.I. International Growth
_____ % _____ %	American Funds IS Asset Allocation	_____ % _____ %	Invesco V.I. Mid Cap Growth
_____ % _____ %	Fidelity VIP Contrafund®	_____ % _____ %	Invesco V.I. Small Cap Equity
_____ % _____ %	Fidelity VIP Index 500	_____ % _____ %	Legg Mason ClearBridge Variable Mid Cap
_____ % _____ %	Franklin Income VIP	_____ % _____ %	Legg Mason ClearBridge Variable Small Cap Growth
_____ % _____ %	Franklin Mutual Shares VIP	_____ % _____ %	Lord Abbett Series Growth Opportunities
_____ % _____ %	Franklin Rising Dividends VIP	_____ % _____ %	Lord Abbett Series Mid Cap Stock
_____ % _____ %	Goldman Sachs VIT Strategic Growth	_____ % _____ %	Oppenheimer Funds Capital Appreciation/VA
_____ % _____ %	Invesco V.I. Comstock	_____ % _____ %	Oppenheimer Funds Global/VA
_____ % _____ %	Invesco V.I. Equity & Income	_____ % _____ %	PIMCO VIT All Asset
_____ % _____ %	Invesco V.I. Growth and Income	_____ % _____ %	Royce Capital Fund - Micro-Cap
_____ % _____ %	Lord Abbett Series Calibrated Dividend Growth	_____ % _____ %	Royce Capital Fund - Small-Cap
_____ % _____ %	Lord Abbett Series Classic Stock	_____ % _____ %	Templeton Developing Markets VIP
_____ % _____ %	Lord Abbett Series Fundamental Equity	_____ % _____ %	Templeton Foreign VIP
_____ % _____ %	Oppenheimer Funds Main Street®/VA	_____ % _____ %	Templeton Growth VIP
_____ % _____ %	TOPS® Balanced ETF	_____ % _____ %	TOPS® Aggressive Growth ETF
_____ % _____ %	TOPS® Moderate Growth ETF	_____ % _____ %	TOPS® Growth ETF
			Protective Life General Account
			(Not available for Protective Investors Choice VUL)
		_____ % _____ %	Fixed Account
		_____ % _____ %	DCA Fixed Account (For Dollar Cost Averaging as "Source Fund" only, 12 month maximum. Only Offered on SPVL.)
		_____ % _____ %	Other _____

Protective Life Model Portfolios – Do not allocate to more than one model portfolio

- Conservative Growth
- Moderate Growth
- Growth & Income
- Aggressive Growth (Not available for Protective Investors Choice VUL)
- Other: _____

(Protective Investors Choice VUL must meet Allocation by Investment Category Guidelines)

TOTAL ALLOCATIONS MUST EQUAL 100%

3. DOLLAR COST AVERAGING

Transfer the amount indicated below:

Monthly Quarterly _____ Months (*minimum 6 months*) _____ Day (*1 - 28*)

From Source Fund Amount (Sub-account minimum \$5,000)
 _____ \$ _____

<u>To Destination Fund</u>	<u>Amount (Minimum \$100)</u>	<u>Percentage</u>
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %

4. PORTFOLIO REBALANCING

Rebalancing to begin on: _____/_____/_____ (date) (Rebalancing due date can only be days 1 - 28.)

Rebalancing should occur: Quarterly Semi-Annually Annually

The variable contract value will be automatically rebalanced to the current premium payment allocations. Therefore, purchases made to specific funds will also be rebalanced.

Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties according to state law.

SIGNATURES:

Signed at _____ (City and State) _____ (Date).

Proposed Insured (*Sign Name in Full*)

Applicant/Owner(s) Signature (*if other than Proposed Insured*)

Witness to All Signatures

Signature of Parent or Guardian (*if applicable*)