

TeleLifeSM

Pre-Application Instructions

Pre-App Submission Guidelines:

A Full Paper application is required if:

1. The face amount is less than \$100,000 or greater than \$5,000,000.
2. More than one policy owner is involved.
3. If term riders other than Child Term Rider, Accidental Death Benefit and Waiver of Premium are desired.
4. The premium will be paid by list bill or payroll deduction.
5. Applicant's state of residence is Puerto Rico.
6. Application is for a policy change.
7. The proposed insured is younger than 18 years of age or older than 80.
8. The applicant cannot complete the **TeleLifeSM** interview in English.

Processing Information:

1. All forms used should be for the state where the application will be signed by the owner.
2. Complete each applicable question on the pre-application. Please use a pen with black ink.
3. Complete and sign all state required forms generated with the pre-application. Complete and sign the replacement forms if necessary.
4. Provide complete names and addresses for applicant and owner. Complete the agent signature area on the bottom of the pre-application. Please include your phone number and e-mail address. **If you are currently in the appointment process with Protective, include your Regional Sales Manager's name on a cover letter.**
5. The applicant's signature is not required on the pre-application. An application package will be mailed to the applicant to obtain their signatures on the application and any state required forms.
6. If a PAC form and voided Check are collected or a Credit card is to be used to bind coverage, complete and sign the conditional receipt. Conditional coverage cannot be provided if the owner and insured are different individuals. **DO NOT** submit either of these if death benefit will exceed \$1,000,000 including insurance already in force with Protective or its affiliates, or the insured's age exceeds 80 or the health questions on the pre-application are answered 'yes.' When using the fax entry, credit card information should not be provided. The tele-interviewer will collect that information. You may wish to instruct interviewer to collect information in the special remarks area.
7. You may not use a check, money order or cashiers check to bind coverage with TeleLife[®].
8. Use the Protective Underwriting Requirement information to review rate class requirements to provide the best quote for your client.
9. Advise the proposed insured that they will be contacted by a company representative to complete the tele-interview and arrange a time for a paramedical exam. Provide brochure detailing the consumer's process.
10. Fax the completed pre-application and any additional forms to 888-615-9619.



For additional information, contact Protective Life's Field Response Center at 800-567-8247.

TELELIFE®

It's as easy as 1-2-3!

- Complete the pre-application.
- Agent signature required on all forms (applicant's signature is optional at time of sale).
- For expedited handling fax to TeleLife at **1-888-615-9619** or you can mail it to:
(A receipt of confirmation is not available if mailed to the address below)

Protective Life - TeleLife
1707 Randall Rd, Suite 310
Elgin, IL 60123

Tips:

- Prepare your client for the telephone interview to complete the full application.
- Binding coverage options: bank draft or credit card
- Do not order paramedical exam. TeleLife will order upon completion of the interview.
- Always fax with a cover sheet in order to receive a confirmation and the assigned policy number.



PLAG.9342 (10.08)

For Agent Information Only. Not For Consumer Use.

Protective Life Insurance Company
2801 Highway 280 South
Birmingham, AL 35223
(888) 800-6608



Fax to: **1-888-615-9619** (TeleLife - Elgin, IL)

Date: _____	Applicant's Name: _____
Number of pages: (including cover) _____	Policy Number: (to be provided by TeleLife)
Agent Name: _____	_____
Agent Number: _____	Companion Name: _____
Fax: _____	Companion Policy Number: (to be provided by TeleLife)
Regional Sales Manager: _____	_____

► **Check all included forms; Note that all forms listed may not be applicable. Make sure to provide any state required forms that were included in the TeleLife Fax Application Package signed [at least] by the agent.**

- 1) Pre-application _____
- 2) Supplement I (required) _____
- 3) Replacement Form _____
- 4) Pre-Auth Withdrawal _____
- 5) Conditional Receipt _____
- 6) TIADB _____
- 7) Additional (Please Specify) _____
- 8) Full Illustration, UL Only _____

Special Instructions:

Policy Number



Elgin, Illinois 60124



FAX # 1-888-615-9619

APPLICATION FOR INDIVIDUAL LIFE INSURANCE			
Proposed Primary Insured <input type="checkbox"/>		Proposed Other Insured <input type="checkbox"/>	
Name Last	First	MI	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street			
City		State	Zip
Social Security Number		Occupation	
Birthplace		Birthdate	Driver's License #
Home Phone () ()		Cell Phone () ()	Business Phone () ()
Where do you wish to be reached for additional information? <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Best times: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
Annual Income		Net Worth	
Initial Death Benefit \$			
Plan of Insurance:			
Riders: <input type="checkbox"/> WP <input type="checkbox"/> ADB <input type="checkbox"/> CTR <input type="checkbox"/> Other: _____ Indicate Amount for Riders: \$ _____			
Mode of Premium Payment: <input type="checkbox"/> Annual <input type="checkbox"/> SA <input type="checkbox"/> Qtrly <input type="checkbox"/> PAC			
Rate Class Quoted: _____ Premium Quoted: _____			
Amount remitted with this application, in exchange for this Company receipt: \$			
Special Request:			
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.			
Authorization To Obtain And Disclose Information: I (we) hereby authorize: any licensed physician or medical practitioner; any hospital, clinic or other medical or medically related facility; any insurance company; the Medical Information Bureau; and any other organization, institution or person that has any records or knowledge of me or my health, to give Protective Life Insurance Company, its affiliates, or their reinsurers or the Medical Information Bureau, any such information. This authorization is valid for two years from the date this form is signed. An exact copy of this authorization is as valid as the original. I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. I (we) have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau. No coverage will be in effect until: a full application has been signed by the proposed insured; and a policy has been issued; and the full first premium has been received by the company; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy.			
Signed at: (city and state) _____		_____ Signature of Proposed Insured (if age 18 or over)	
Date signed: (month/day/year) _____		_____ Signature of Owner/Applicant, if other than Proposed Insured	
Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," complete any required replacement forms.) Has the Owner been provided an illustration which conforms to this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for. Is there any third party other than the proposed insured that will obtain any ownership rights on any policy issued as a result of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Print Agent's Name/Social Security Number or Agent Code		Agent's Signature	Date
Agent's Telephone Number		Agent's Email Address	

Supplement to Life Insurance Application

The statements and answers to the questions listed below shall become a part of the attached application; shall be subject to the terms of the attached application; and shall become a part of any policy based on this application.

Print Name of Proposed Insured(s): _____

- (1) **For any policy to be issued as a result of this application, will any portion of the initial or future premiums be borrowed, loaned or otherwise financed?** Yes No

If yes, complete the "Statement of Owner Intent" (Application Supplement - Part II) and the "Premium Financing Disclosure and Acknowledgement" form.

- (2) **Is there any intention that any party other than the Owner(s) will obtain any right, title or interest in any policy issued on the life of the Proposed Insured(s) as a result of this application?** Yes No

If yes, complete the "Statement of Owner Intent" (Application Supplement - Part II).

- (3) **Is a trust to be an Owner of any policy issued as a result of this application?** Yes No

If yes, complete the "Trust Certification" (Application Supplement - Part III).

- (4) **If the issue age of any Proposed Insured is 65 or older AND the total coverage currently applied for across all Protective companies is \$1,000,000 or more, complete the "Statement of Owner Intent" (Application Supplement - Part II).**

Conditional Receipt Agreement

This agreement provides only a limited amount of insurance, for a limited period of time, and then only if all the terms and conditions of this agreement are met. No Agent of the Company can alter or waive any of the provisions of this Agreement. No life insurance is provided under the terms of this document in the event of the death of the Insured by suicide. In the event of suicide, the Company's sole liability will be the return of any money received.

Initial Payment Method Received: Credit Card Pre-Authorized Funds Withdrawal

An application for life insurance on each person proposed for insurance is being made today to Protective Life Insurance Company. This conditional payment is received under and is subject to the exact conditions set out below, all of which are a part of this Agreement.

NOTE: Premium may not be collected where the face amount applied for on this application plus any in force Protective Life policies on this Insured exceeds \$1,000,000 or on Proposed Insureds under 15 days of age or over age 80.

CONDITIONS UNDER WHICH INSURANCE MAY BECOME EFFECTIVE PRIOR TO POLICY DELIVERY

Unless each and every condition below has been fulfilled exactly, no insurance will become effective prior to policy delivery to the Owner:

- (A) on the Effective Date the Proposed Insured(s) is (are) insurable exactly as applied for under the Company's printed underwriting rules for the plan, amount and premium rate class applied for;
- (B) that the amount paid with the application and shown above is equal to the first full modal premium for the premium rate class applied for; and
- (C) the Proposed Insured(s) has/have completed all examinations and/or tests requested by the Company.

EFFECTIVE DATE OF COVERAGE

Insurance issued based on the application will take effect on the latest of:

- (A) the date of the application;
- (B) the date requested in the application; or
- (C) the date of the last of any medical examinations or tests required under the rules and practices of the Company.

AMOUNT OF COVERAGE - \$1,000,000 MAXIMUM

The total amount of insurance which may become effective prior to delivery of the policy to the Owner **shall not exceed \$1,000,000** with Protective Life or its affiliates. This amount includes other life insurance and accidental death benefits then in force or applied for with this Company.

TERMINATION AND REFUND OF PREMIUM

There shall be no insurance coverage under this Agreement and this Agreement shall be void if:

- (A) premium payment is
 - (1) by Pre-Authorized Funds Withdrawal, and the deduction is not honored by the financial institution.
 - (2) by Credit Card, and the deduction is not honored by the financial institution.
- (B) if the application to which this Agreement was attached is not approved as applied for by the Company within ninety days from its date, the Company's only liability in such event(s) will be to return any money received.

The Company's only liability in such event(s) will be to return any money received.

NOTICE TO APPLICANT: You should retain a copy of this Agreement. The Original will be retained by Protective Life.

By my signature I am attesting that I understand the terms and conditions of the Conditional Receipt Agreement. I am also authorizing Protective Life to withdraw the amount of \$ _____ from my account to pay the initial premium for the application on _____.

Name of Insured

Date: _____

Agent: _____

Date: _____

Owner: _____

PROTECTIVE LIFE INSURANCE COMPANY
P.O. BOX 830619 • BIRMINGHAM, ALABAMA 35283-0619

DISCLOSURE FORM FOR TERMINAL ILLNESS ACCELERATED DEATH BENEFIT ENDORSEMENT

NOTICE: The endorsement is intended to provide an accelerated death benefit which will qualify for favorable tax treatment under Section 101 (g)(1)(A) of the Internal Revenue Code, as amended, or its successor, except as provided in Section 101(g)(5) of the Internal Revenue Code, as amended, or its successor. As with all tax matters, the Owner should consult a personal tax advisor to assess the impact of any benefit received under the endorsement.

Any benefit received under the endorsement may impact the recipient's eligibility for Medicaid or other government benefits.

PURPOSE OF DISCLOSURE FORM

This disclosure form provides a brief description of the important features of the endorsement. This is not an insurance contract. Only the endorsement contains governing contractual provisions. This means that the endorsement sets forth in detail the rights and obligations of both the Owner and the insurance company.

GENERAL DESCRIPTION

The endorsement provides for a single accelerated death benefit payment to the Owner or the Owner's Estate, during the lifetime of the Insured and while the endorsement is in force, if the Insured is first diagnosed as being a Terminally Ill Individual by a Physician after the Effective Date and all of the terms and conditions of the endorsement are met. The accelerated death benefit amount the Company will pay is called the Adjusted Accelerated Death Benefit.

DEFINITIONS

Adjusted Accelerated Death Benefit. Means the single, lump sum dollar amount equal to (a) minus (b) minus (c) where:

- (a) Accelerated Death Benefit;
- (b) Administrative charge which will not exceed \$250;
- (c) Policy Debt.

The amount deducted from the Accelerated Death Benefit under (c) above, if any, will be used to repay any Policy Debt on the Adjusted Accelerated Death Benefit payment date.

Terminally Ill Individual. Means an individual who has been certified by a Physician as having a non-correctable illness or physical condition which can reasonably be expected to result in death in 6 months or less after the date of certification.

ELIGIBILITY

All of the following conditions must be met to qualify for an accelerated death benefit under the endorsement:

- (a) The Insured is first diagnosed as being a Terminally Ill Individual by a Physician after the Effective Date;
- (b) Written consent from any irrevocable beneficiaries and collateral assignees is received by the Company;
- (c) The Policy is not in force under a grace period, nonforfeiture option or paid-up endowment option;
- (d) An Adjusted Accelerated Death Benefit payment has not been made under the endorsement;
- (e) The date a Physician certifies that the Insured is a Terminally Ill Individual is more than 1 year from the Maturity Date or Expiry Date, if applicable, of the policy;
- (f) Notice of claim is received by the Company; and
- (g) Proof of claim is received by the Company.

IMPACT ON THE POLICY

Lien. A lien will be established against the Policy in the amount of the Accelerated Death Benefit. Interest will be charged on the lien beginning on the Adjusted Accelerated Death Benefit payment date. Interest on the lien will be due on each Policy anniversary date as long as the lien and the Policy are in force. Interest as it accrues is considered part of the lien. Once the lien is established it will continue against the Policy until the earlier of the Policy termination date or the lien repayment date.

The effect of a lien will be as follows:

- (a) The lien amount will be subtracted from the death benefit or death benefit proceeds, as applicable, of the Policy.
- (b) If applicable under the Policy, access to the cash value for surrender, full surrender, partial surrender, withdrawal, partial withdrawal, automatic premium loan or nonforfeiture option will be limited to the cash value of the Policy minus any Policy Debt and minus the Lien. The lien will be repaid, if the Policy is continued in force as paid-up life insurance under a nonforfeiture option.
- (c) Access to the cash value for policy loan or policy loan interest will be limited to the cash value of the Policy minus any Policy Debt and minus the lien. If this limit is negative, the Policy may terminate in accordance with the terms of the Policy.

Continuing Premium Requirement. Any premium payments due under the Policy will need to be paid by the Owner in accordance with the terms and conditions of the Policy.

I acknowledge receipt of the Disclosure Form for Terminal Illness Accelerated Death Benefit Endorsement.

City & State _____ Date _____

X _____
Agent (Print Name)

X _____
Agent Signature

X _____
Applicant/Owner (Print Name)

X _____
Applicant/Owner (Sign Full Name)

RETURN THIS SIGNED ACKNOWLEDGMENT TO HOME OFFICE



P. O. Box 830619
Birmingham, AL 35283-0619

PRE-AUTHORIZED WITHDRAWAL AGREEMENT

FOR DRAFTING OF PREMIUM PAYMENTS

The person paying the premium on the life insurance policy listed below must sign this agreement.

I request and authorize Protective Life Insurance Company to draw against the account listed below to pay premiums once a policy has been issued. I understand that no coverage exists until a policy is issued or I receive a Conditional Receipt.

Policy Number: _____ Name of Insured: _____

Name of Bank: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Type of Account: Checking Savings

Routing Number: _____

Account Number: _____

Premium Frequency: *Monthly (*Only available by bank draft) Quarterly
 Semi-Annually Annually

Draft the initial premium - I understand that authorizing the drafting of the initial premium and providing the account information does not provide any life insurance coverage on myself or any applicant listed on the application for life insurance unless I have signed, dated and met the terms and conditions of the Protective Life Conditional Receipt Agreement.

If The Company receives a Conditional/Temporary Receipt with this form your premium will be drafted immediately and you will be provided with conditional coverage subject to limited terms and conditions.

Variable life insurance premiums will not be deducted unless a policy is issued.

I request future drafts be made on the _____ day of the month.
1st - 28th

Premium Payer - Depositor (Please Print)

Date Signature

PLEASE INCLUDE A VOIDED CHECK WITH APPLICATION. IF THIS IS TO DRAFT FROM A BROKERAGE ACCOUNT, A VOIDED CHECK IS NOT NECESSARY. DO NOT USE STAPLES.

Electronic Policy Delivery Election Form

Protective Life now offers you the option of receiving your policy in an electronic PDF format instead of paper. The PDF of your policy will be stored on our secure Customer Service Website which is available 24 hours a day. The Policy Summary Sheet includes an outline of your policy benefits. We recommend that you print and store the Policy Summary Sheet with your financial records.

How Electronic Policy Delivery works:

- You decide how you want your policy to be delivered - paper or electronic PDF via e-mail.
- Once your policy is approved and issued, your agent will have the opportunity to preview your policy in advance to ensure that it meets your needs.
- The agent will release the policy for your on-line review.
- You will receive an email with a link to a secure Protective Life website.
- Click on the link and be directed to our Online Customer Service site where you will create your secure, personal User ID and Password.
- Once in the system, you will be able to review the electronic PDF of your policy contract and will electronically sign all delivery requirements and make any necessary premium payments.
- You may make your initial premium payment or pay any balance of the initial premium due on our secure website by either bank draft or credit card.
- Next you will print the Policy Summary Sheet and save it in a secure location. *(We recommend keeping it with other financial planning documents such as your Last Will and Testament.)*
- You can save the electronic PDF of your policy to a secure location on your computer, print it, or refer to the Protective Life Online Customer Service website at any time to review your stored policy.

To select Electronic Policy Delivery:

Check the box below. Provide your email address, signature and date signed in the fields provided.

Yes – I would like my policy delivered electronically.

Email Address for Customer *(Proposed insured, owner and payor must be the same person)*

Customer Signature

Date Signed



