

Policy Number



Elgin, Illinois 60124



FAX # 1-888-615-9619

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

Proposed Primary Insured Proposed Other Insured

Name Last First MI Male 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?
 Home Work Cell Best times: a.m. p.m.

Annual Income Net Worth

Initial Death Benefit \$

Plan of Insurance:

Riders: WP ADB CTR Other: _____
 Indicate Amount for Riders: \$ _____

Mode of Premium Payment: Annual SA Qtrly PAC
 Rate Class Quoted: _____ Premium Quoted: _____

Amount remitted with this application, in exchange for this Company receipt: \$ _____

Owner, if other than proposed insured Owner's Address

Relationship to Proposed Insured Social Security or Tax ID #

Primary Beneficiary (name, relationship and percentage)

Contingent Beneficiary (name, relationship and percentage)

Will this policy replace or change any existing life insurance or annuity in force? Yes No

Does the applicant have existing life insurance policies or annuity contracts other than group insurance in force? Yes No
 If yes, list below:

Company Names	Face Amount	Year Issued	To Be Replaced?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have an application pending in another company? Yes No

Have you ever had any life or health insurance declined, postponed or offered other than as applied for? Yes No

Is Proposed Insured a U.S. Citizen? Yes No

Has Proposed Insured used tobacco in any form in the past 12 months? Yes No 36 months? Yes No 60 months? Yes No

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)? Yes No
 (If "Yes," complete any required replacement forms.)
 Has the Owner been provided an illustration which conforms to this application? Yes 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? Yes 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.

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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: _____



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.

PROTECTIVE LIFE INSURANCE COMPANY
P.O. BOX 830619
BIRMINGHAM, ALABAMA 35283-0619
1-800-866-3555

**NOTICE REGARDING REPLACEMENT
REPLACING YOUR LIFE INSURANCE POLICY**

Are you thinking about buying a new life insurance policy and discontinuing or changing an existing one? If you are, your decision could be a good one – or a mistake. You will not know for sure until you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it. You are urged not to take action to terminate, assign or alter your existing life insurance coverage until you have been issued the new policy, examined it and have found it acceptable.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

IF YOU SHOULD FAIL TO QUALIFY FOR THE LIFE INSURANCE FOR WHICH YOU HAVE APPLIED YOU MAY FIND YOURSELF UNABLE TO PURCHASE OTHER LIFE INSURANCE OR ABLE TO PURCHASE IT ONLY AT SUBSTANTIALLY HIGHER RATES.

We are required by law to notify your existing company that you may be replacing their policy.

Applicant's Signature

Date

Agent's Signature

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

