

ANNUITY APPLICATION



PLEASE MAKE CHECKS PAYABLE TO:

Protective Life Insurance Company

Overnight:
 2801 Hwy 280 South ♦ 3-1 IPD
 Birmingham, AL 35223

Postal Mail:
 P. O. Box 10648
 Birmingham, AL 35202-0648
 Home Office: 28 White Bridge Road, #104 Nashville, Tennessee 37205

Owner/Participant Name, Street, City, State, Zip Code _____	_____	Male	Birthdate (Mo./Day/Yr.) _____
	_____	Female	Tax ID/ Social Security No. _____
Joint Owner/Participant Name, Street, City, State, Zip Code _____	_____	Male	Birthdate (Mo./Day/Yr.) _____
	_____	Female	Tax ID/ Social Security No. _____
Annuitant (if other than Owner/Participant) Name, Street, City, State, Zip Code _____	_____	Male	Birthdate (Mo./Day/Yr.) _____
	_____	Female	Tax ID/ Social Security No. _____

<p>Primary Beneficiary Name, Address, Relationship, & Percentage _____</p> <p>Tax ID/ Social Security No. _____</p> <p>Contingent Beneficiary (if any) Name, Address, Relationship, & Percentage _____</p> <p>Tax ID/ Social Security No. _____</p>	<p>Plan Type – Check only one</p> <p>_____ Non-Qualified _____ 1035 Exchange _____ CD Transfer</p> <p>_____ IRA Rollover _____ IRA Transfer _____ IRA Direct Rollover</p> <p>_____ Traditional IRA _____ Roth IRA _____ TSA Direct Rollover</p> <p>_____ (Other) _____</p> <p>Replacement: Do you have an annuity contract or life insurance policy? ___ Yes ___ No</p> <p>Will this annuity change or replace any existing annuity contract or life insurance policy? ___ Yes ___ No</p> <p>(If yes, please provide the company name and policy # in Special Remarks below.)</p>
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Total Annuity Deposit \$ _____ **Guaranteed Periods:** You must allocate at least \$10,000 to each Guaranteed Period selected.

3 Yr. \$ _____	4 Yr. \$ _____	5 Yr. \$ _____	6 Yr. \$ _____
7 Yr. \$ _____	8 Yr. \$ _____	10 Yr. \$ _____	15 Yr. \$ _____

_____ I (we) authorize Protective Life to automatically transfer each Guaranteed Period(s) at renewal to the _____ Guaranteed Period. If the Subsequent Guaranteed Period is not available due to my (our) age, I (we) elect to renew to the longest Guaranteed Period available. I (we) may change my (our) election at any time prior to the expiration of the current Guaranteed Period.

Rate Lock: Available for 1035 Exchanges, Direct Transfers and Direct Rollovers.
 _____ Yes, please lock-in my rate for 90 days. The estimated total amount of my exchange/transfer is \$ _____.
 _____ No, please give me the rate in effect when my money is received at Protective Life.

Other Protective Life Annuities: Have you purchased other Protective Life Annuities this calendar year? ___ Yes ___ No

Special Remarks:

An annuity contract is not a deposit or obligation of, or guaranteed by any bank or financial institution. It is not insured by the Federal Deposit Insurance Corporation or any other government agency and is subject to investment risk, including the possible loss of principal.

IMPORTANT INFORMATION REGARDING RATE LOCK

If you select "Yes" for the Rate Lock and the money is received within **90 days of the date the application date**, you will get the rate in effect on the application date, regardless of the rate in effect when we receive the money. If you select "No", or if the money is received after the 90-day Rate Lock period, you will get the rate in effect on the date the money is received at Protective Life.

NOTICE TO RESIDENTS OF AZ: On written request you may ask us to provide you within ten business days, or 30 calendar days if you are 65 or older, additional factual information regarding the benefits and provisions of this Contract. If for any reason you are not satisfied, you may cancel the Contract within that period after you receive it by returning the Contract to our office, or the agent who sold it with a written request for cancellation. Return of this Contract by mail is effective on receipt by us. The returned Contract will be treated as if we had never issued it. We will promptly return the Contract Value. This may be more or less than the Purchase Payment(s).

NOTICE TO RESIDENTS OF CA (AGE 60 AND OLDER): YOU HAVE PURCHASED AN ANNUITY CONTRACT. REVIEW IT CAREFULLY FOR LIMITATIONS. YOU MAY CANCEL THE CONTRACT WITHIN 30 DAYS OF THE DATE YOU RECEIVE IT BY RETURNING IT TO THE INSURANCE COMPANY OR THE AGENT WHO SOLD YOU THE CONTRACT. WE WILL REFUND YOUR PREMIUM. AFTER 30 DAYS, CANCELLATION OF THE CONTRACT MAY RESULT IN A SUBSTANTIAL PENALTY, KNOWN AS A SURRENDER CHARGE.

NOTICE TO RESIDENTS OF CO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

NOTICE TO RESIDENTS OF FL: Any person who knowingly and with intent to injure, defraud or deceive an insurer, files a statement of claim or application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO RESIDENTS OF NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO RESIDENTS OF AR, DC, KY, LA, ME, NM, OH, OK, PA AND TN: Any person who knowingly and 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 is a crime and subjects such person to criminal and civil penalties.

Authorization and Acknowledgment: I (We) declare to the best of my (our) knowledge and belief that all of the answers herein are complete and true. I (We) agree that this Application shall be part of my (our) Certificate/ Contract issued by the Company. If this Application is declined, the Company will have no liability except to return the Annuity Deposit.

I (We) understand that this Contract/Certificate contains a Market Value Adjustment.

Signed At: _____ **Date:** _____

Signature of Owner: _____ **Signature of Joint Owner:** _____

Signature of Annuitant: *(If other than Owner)* _____ **Witness:** _____

AGENT REPORT

I certify that I have given a current Prospectus to the Owner(s) named on this application. _____ **Yes** _____ **No**

To the best of my knowledge and belief, the annuity being applied for _____ **does** _____ **does not** *replace or change any other annuity or insurance.*

Agent's Signature: _____ **Print Agent Name:** _____

Protective Life Broker/Dealer Name *(if applicable)* _____ **Agent Number:** _____

Branch: _____ **Phone No:** _____

Client Account No. *(if applicable)* _____ **Agent Social Security No:** _____