

# ANNUITY APPLICATION

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 material fact thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

PLEASE MAKE CHECKS PAYABLE TO:

## Protective Life Insurance Company

Overnight:

Postal Mail:

2801 Hwy 280 South ♦ 3-7 IPS  
Birmingham, AL 35223

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.) / /

**Joint Owner/Participant** Name, Street, City, State, Zip Code

Female Tax ID/Social Security No. - -

Male Birthdate (Mo./Day/Yr.) / /

**Annuitant** (if other than Owner/Participant) Name, Street, City, State, Zip Code

Female Tax ID/Social Security No. - -

Male Birthdate (Mo./Day/Yr.) / /

Female Tax ID/Social Security No. - -

**Primary Beneficiary** Name, Address, Relationship & Percentage

Tax ID/Social Security No. — —

**Contingent Beneficiary** (if any)

Tax ID/Social Security No. — —

**Plan Type - Check Only One**

- Non-Qualified  1035 Exchange  CD Transfer  
 IRA Rollover  IRA Transfer  IRA Direct Rollover  
 Traditional IRA  Roth IRA  TSA Direct Rollover

If IRA deposit includes deductible contributions, please complete:

\$ \_\_\_\_\_ Amount \_\_\_\_\_ Previous Tax Year

\$ \_\_\_\_\_ Amount \_\_\_\_\_ Current Tax Year

**Replacement:** Do you have an existing annuity contract or life insurance policy?  Yes  No

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

(If yes, indicate company name and policy # in Special Remarks section on back.)

**Total Annuity Deposit \$ \_\_\_\_\_ - Select Guaranteed Period(s)**

1 Yr. \$ \_\_\_\_\_ 2 Yr. \$ \_\_\_\_\_ 3 Yr. \$ \_\_\_\_\_ 4 Yr. \$ \_\_\_\_\_ 5 Yr. \$ \_\_\_\_\_

6 Yr. \$ \_\_\_\_\_ 7 Yr. \$ \_\_\_\_\_ 8 Yr. \$ \_\_\_\_\_ 9 Yr. \$ \_\_\_\_\_ 10 Yr. \$ \_\_\_\_\_

- I (we) authorize Protective Life to automatically transfer each Guaranteed Period (s) at renewal to the \_\_\_\_\_ Guaranteed Period. If the renewal period is not available due to my (our) age, I (we) elect to renew at 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, IRA/TSA, CD Transfers and Direct Rollover IRA's only. See information on back.

- Yes, please lock-in my rate for 60 days. The estimated 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

**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) 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 an Interest Rate Adjustment.**

Signed At: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner/Participant: \_\_\_\_\_ Signature of Joint Owner/Participant: \_\_\_\_\_

Signature of Annuitant: (if other than Owner) \_\_\_\_\_ Witness: \_\_\_\_\_

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 loss of principal.

**Special Remarks:**

**AGENT REPORT**

I certify to the best of my knowledge and belief that the annuity being applied for  does  does not replace or change any other annuity or insurance.

Agent's  
Signature: \_\_\_\_\_

Print  
Agent Name: \_\_\_\_\_

Broker/Dealer Name (if applicable) \_\_\_\_\_

Protective Life  
Agent Number: \_\_\_\_\_

Branch: \_\_\_\_\_

Agent Social Security No: \_\_\_\_\_

Client Account No. (if applicable) \_\_\_\_\_

Agent Phone No: \_\_\_\_\_

**IMPORTANT INFORMATION REGARDING RATE LOCK**

If "yes" is selected, and the money is received within **60 days from the date the application is received**, you will receive the rate in effect on that date, regardless of whether the rate goes up or down. If the money is received after the 60 day period, you will receive the rate in effect on the date the money is received by Protective Life.

**EXPLANATION OF PLAN TYPES**

**Non-Qualified** - Money which did not originate in an IRA, TSA, Pension, Profit Sharing, or 401K Plan.

**1035 Exchange** - The tax free exchange of a non-qualified annuity or life insurance contract for one issued by another insurance company.

**CD Transfer** - The direct transfer of non-qualified proceeds from a maturing certificate of deposit into an annuity.

**IRA Rollover** - The deposit of qualified funds originating from the distribution of proceeds from an IRA, IRA Rollover, TSA, Pension, Profit Sharing, or 401K Plan. The rollover must be made within 60 days after the distribution. If taxes were withheld, out of pocket money may be added to make up the full distribution amount.

**IRA Transfer** - The direct transfer of IRA funds originating from the distribution of assets in an IRA. These distributions/deposits are not reported to the IRS.

**Direct IRA Rollover** - The direct rollover of qualified funds originating from the distributions of assets in a TSA, Pension, Profit Sharing, or 401K plan into an IRA Rollover. These distributions/deposits are reported to the IRS. This method avoids mandatory withholding taxes.

**IRA (indicate contribution & tax year)** - Use for tax deductible IRA contributions.

**TSA Direct Rollover** - The direct rollover or transfer of assets distributed from a 403 (b) plan into another 403 (b) program. These distributions/deposits are reported to the IRS. This method avoids mandatory withholding taxes.

**Send Application To:**

**Regular Mail:**

Annuity Service Center 3-7 IPS  
Protective Life Insurance Company  
P. O. Box 10648  
Birmingham, AL 35202-0648

**Overnight Mail:**

Annuity Service Center 3-7 IPS  
Protective Life Insurance Company  
2801 Highway 280 South  
Birmingham, AL 35223

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

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

<p><b>Primary Beneficiary</b> Name, Address, Relationship, &amp; Percentage</p> <p>Tax ID/ Social Security No.</p> <p><b>Contingent Beneficiary</b> (if any) Name, Address, Relationship, &amp; Percentage</p> <p>Tax ID/ Social Security No.</p>	<p><b>Plan Type</b> – 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><b>Replacement:</b> 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:**

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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: \_\_\_\_\_