

ProSaver® Index Choice

An Indexed Annuity

Protective Life Insurance Company
 Home Office: #28 White Bridge Road, Suite 104 Nashville Tennessee 37205

Please send the application and check to:

Overnight

3-1 IPD
 2801 Highway 280 South
 Birmingham, AL 35223

Postal Mail

P.O. Box 10648
 Birmingham, AL 35202-0648

Indexed Annuity Application

Owner 1 <i>Name, Street, City, State, ZIP</i>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	Birthdate	___ / ___ / ____ M M D D Y Y Y Y	
	Tax ID/SSN	_____	
<hr/>			
Owner 2 <i>Name, Street, City, State, ZIP</i> (if applicable)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	Birthdate	___ / ___ / ____ M M D D Y Y Y Y	
	Tax ID/SSN	_____	
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Annuitant <i>Name, Street, City, State, ZIP</i> (if different than Owner)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	Birthdate	___ / ___ / ____ M M D D Y Y Y Y	
	Tax ID/SSN	_____	
<hr/>			
Primary Beneficiary (if there is no surviving Owner) <u>Name</u> <u>Relationship</u> %	Contingent Beneficiary <u>Name</u> <u>Relationship</u> %		
Use "Special Remarks" for additional Primary Beneficiary information.	Use "Special Remarks" for additional Contingent Beneficiary information.		
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Select Initial Term	<input type="checkbox"/> 7 years	<input type="checkbox"/> 10 years	
Initial Purchase Payment (minimum \$10,000):	\$ _____		
Interest Rate Cap Lock	<input type="checkbox"/> I want to lock the current interest rate cap for 45-days.		
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Plan Type (choose <u>one</u>): <input type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____			
If an IRA purchase payment includes new contributions, please complete the following: \$ _____ (Amount) _____ (Current Tax Year) \$ _____ (Amount) _____ (Previous Tax Year)			
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Funding Source (choose <u>one</u>):	<input type="checkbox"/> Cash	<input type="checkbox"/> Non-Qualified 1035 Exchange	<input type="checkbox"/> Transfer
	<input type="checkbox"/> Direct Rollover	<input type="checkbox"/> Indirect Rollover	
<hr/>			
Replacement			
■ Do you currently have an annuity contract or life insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
■ Will this annuity change or replace an existing annuity contract or life insurance policy? (If yes, please provide the company name and policy number of these contracts or policies in "Special Remarks" below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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.

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 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 your Purchase Payment.

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.

SPECIAL REMARKS:

NOT INSURED BY ANY GOVERNMENT AGENCY · NO BANK GUARANTEE · NOT A DEPOSIT

I understand this application will become part of the annuity contract. The information I provided is true and correct to the best of my knowledge and belief. The company deems my statements as representations and not warranties. The Company may accept instructions from any Owner on behalf of all Owners.

Application signed at: _____ on _____.
(City and State) (Date)

Owner 1: _____ Owner 2: _____

Owner daytime phone #: _____ Annuitant: _____
(If other than Owner)

Federal law requires the following notice: We may request or obtain additional information to establish or verify your identity.

Producer Report

The purchase of this annuity does does not change or replace any existing annuity or life insurance to the best of my knowledge and belief.

I have determined the suitability of this annuity product to the senior applicant's financial objectives and situation. In doing so, I determined:

* The applicant's financial status. Yes No

* The applicant's tax status. Yes No

* The applicant's investment objectives. Yes No

* Other relevant information. Yes No

Comments _____

Sign Producer Name: _____

Print Producer Name: _____

Producer #: _____

Agency /Brokerage Name: _____

Producer Phone #: _____

FL Lic. # (if applicable) _____