## **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 Name, Street, City, State, ZIP	□ Male □ Female	
While I Name, Sireet, Oity, State, 2n		
	Birthdate / /	
	Tax ID/SSN	
Owner 2 Name, Street, City, State, ZIP (if applicable)	□ Male □ Female	
	Birthdate//	
	Tax ID/SSN	
Annuitant Name, Street, City, State, ZIP (if different than Owner)	□ Male □ Female	
(II dilierent triali Owner)	Birthdate//	
	Tax ID/SSN	
Primary Beneficiary (if there is no surviving Owner) Name Relationship %	Contingent Beneficiary Name Relationship %	
Use "Special Remarks' for additional Primary Beneficiary information.	Use "Special Remarks' for additional Contingent Beneficiary information.	
Select Initial Term	☐ 7 years ☐ 10 years	
Initial Purchase Payment (minimum \$10,000): \$		
Contract Allocation (must equal 100%): % Indexed Account % Fixed Account		
Rate Lock     I want to lock the current interest rate and cap for 60-days.		
Plan Type (choose one): ☐ Non-Qualified ☐ IRA	□ Roth IRA □ Other	
If an IRA purchase payment includes new contributions, please complete the following:  \$ (Amount) (Current Tax Year)  \$ (Amount) (Previous Tax Year)		
Funding Source (choose one):  □ Cash □ Direct Rollover	<ul><li>□ Non-Qualified 1035 Exchange</li><li>□ Indirect Rollover</li><li>□ Transfer</li></ul>	
Replacement		
■ Do you currently have an annuity contract or life insurance policy? ☐ Yes ☐ No		
■ Will this annuity change or replace an existing annuity contract or life insurance policy? ☐ Yes ☐ No (If yes, please provide the company name and policy number of these contracts or policies in "Special Remarks" below)		

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.

IPD-2100AB 3/06

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 intend 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.

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/Participant on behalf of every Owner/Participant.		
Application signed at:(City and State)	on .	
Owner/Participant 1:		
Any Owner/Participant daytime phone #:	Annuitant:	
Federal law requires the following notice: We may request or obtain additional information to establish or verify your identity.		
Producer Report To the best of your knowledge and belief, does this annuity purchase cha	nge or replace any existing annuity or life insurance?YesNo	
Did you verify the applicant's identity using a government issued photo I.D?Yes No		
Did you determine the suitability of this annuity product to the senior applicant's financial objectives and situation by inquiring into:		
* 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:	
Producer Phone #:	Agency /Brokerage:  FL Lic. # (if applicable)	

IPD-2100AB 3/06