

Sample Application

application. page 1

Highlighted are common areas that may be overlooked when submitting new business.

Application for FIXED DEFERRED ANNUITY		
PROTECTIVE LIFE INSURANCE COMPANY Nashville, Tennessee	<i>Overnight</i> Annuity New Business 2801 Hwy 280 South Birmingham, AL 35223	<i>U. S. Postal Mail</i> Annuity New Business P. O. Box 10648 Birmingham, AL 35202-0648
<p>For Arizona Applicants: We will provide you reasonable factual information about benefits and provisions of the contract within a reasonable time after we receive your written request. You may return the contract to us or the agent through whom it was purchased any time within 10 days of your receipt of the contract or within 30 days: if the contract is issued in replacement of an existing contract, or if you are 65 years of age or older on the date of application. All monies paid will then be refunded to you.</p>		
Contract # _____		
<p>PRIMARY OWNER:</p> NAME: <u>John Smith</u> DAY PHONE: (<u>555</u>) <u>555-5555</u> ADDRESS: <u>600 Vine Street</u> CITY: <u>Cincinnati</u> STATE: <u>Ohio</u> ZIP: <u>45202</u> SSN/Tax ID: <u>123-45-6789</u> DOB: <u>9/22/1950</u> AGE: <u>60</u> SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F CITIZENSHIP: <input checked="" type="checkbox"/> U.S.; <input type="checkbox"/> Resident Alien (_____); <input type="checkbox"/> Non-Resident Alien (_____) Country Country		
<p>JOINT OWNER: (Where Applicable)</p> NAME: _____ DAY PHONE: (_____) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ SSN/Tax ID: _____ DOB: _____ AGE: _____ SEX: <input type="checkbox"/> M <input type="checkbox"/> F CITIZENSHIP: <input type="checkbox"/> U.S.; <input type="checkbox"/> Resident Alien (_____); <input type="checkbox"/> Non-Resident Alien (_____) Country Country		
<p>ANNUITANT: (If different from Primary Owner)(Must be a natural person)</p> NAME: _____ DAY PHONE: (_____) _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ SSN/Tax ID: _____ DOB: _____ AGE: _____ SEX: <input type="checkbox"/> M <input type="checkbox"/> F CITIZENSHIP: <input type="checkbox"/> U.S.; <input type="checkbox"/> Resident Alien (_____); <input type="checkbox"/> Non-Resident Alien (_____) Country Country		
<p>BENEFICIARY DESIGNATION (If there is no surviving Owner):</p> <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CONTINGENT: <u>Jane Smith</u> PERCENTAGE: <u>100%</u> RELATIONSHIP (to Owner): <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Nonspouse SSN/Tax ID: <u>123-45-6788</u> DOB/Trust date: <u>7/22/1900</u> <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> CONTINGENT: <u>Joe Smith</u> PERCENTAGE: <u>50%</u> RELATIONSHIP (to Owner): <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Nonspouse SSN/Tax ID: <u>555-55-5555</u> DOB/Trust date: <u>1/1/1975</u> <input checked="" type="checkbox"/> ADDITIONAL BENEFICIARIES – Use 'REMARKS' section, below.		
<p>INITIAL PURCHASE PAYMENT (check payable to Protective Life Insurance Company): <u>\$100,000</u> <input type="checkbox"/> WITH FUNDS <input checked="" type="checkbox"/> FUNDS WILL FOLLOW (minimum \$2,000) </p>		
<p>INTEREST RATE PERIOD: Please designate only one period.</p> <input type="checkbox"/> 1 Year Interest Rate Period <input type="checkbox"/> 2 Year Interest Rate Period <input checked="" type="checkbox"/> 4 Year Interest Rate Period <input type="checkbox"/> 6 Year Interest Rate Period		
<p>TAX QUALIFIED STATUS:</p> <input type="checkbox"/> Non-Qualified <input type="checkbox"/> ROTH IRA (Conversion Year _____, if applicable) <input type="checkbox"/> 1035 Exchange <input checked="" type="checkbox"/> Traditional IRA <input type="checkbox"/> Other - \$ _____ CONTRIBUTION FOR TAX YEAR _____ \$ _____ TRUSTEE TRANSFER _____ \$ <u>700,000</u> ROLLOVER FROM <u>Fidelity 401(k)</u>		
<p>REMARKS:</p> <u>Contingent Beneficiary - Jimmy Smith, 50%, non-spouse, SSN 666-55-4444, DOB 1/1/1975</u> <u>Commissions - agent Robert Jones 12345678 70%, agent David Smith 98765432 30%</u>		
<p>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.</p>		
Original – Representative First Copy – Owner		P-1405 Protective ProSaver Secure II Fixed Annuity AS 10/10

Be sure to indicate the guarantee period chosen (only 1 per contract)

Be sure to indicate the tax qualification

If commissions are split between multiple agents, splits should be indicated in the Remarks section; include full agent name, agent's Allstate number and use whole percentages



Warnings, Notices and Statements

Arkansas, District of Columbia, Kentucky, Louisiana, Maine, New Mexico, Ohio, Pennsylvania, Rhode Island and Tennessee Fraud Warning - 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.

Colorado Fraud Warning - 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.

FLORIDA FRAUD WARNING - ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Maryland Fraud Warning - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Michigan Fraud Warning - Any person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer, as determined by a court of competent jurisdiction, is guilty of a crime.

New Jersey Fraud Warning - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Oklahoma Fraud Warning - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Washington Fraud Warning - It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Make sure both replacement questions are answered

Do you have any existing annuity contracts or life insurance policies? NO YES

If Yes, Company Name: _____

Will any existing annuity contract or life insurance policy be replaced or will values from another annuity contract or life insurance policy (through loans, surrenders or otherwise) be used to make purchase payments for the contract applied for? NO YES

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

I/We understand this application will be part of the annuity contract. I/We have read, agree to and affirm the information above and on the reverse side to be true and correct to the best of my/our knowledge and belief. The Company will treat my/our statements as representations, not warranties. The Company may accept instructions from any Owner on behalf of all Owners.

Signed at Northbrook IL 9/22/10
CITY STATE DATE

OWNER SIGNATURE JOINT OWNER SIGNATURE (if applicable) ANNUITANT SIGNATURE (if other than Owner)

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

Make sure both replacement questions are answered

SELLING AGENT REPORT:

Does the applicant have any existing annuity contracts or life insurance policies? NO YES

If Yes, Company Name: _____

To the best of your knowledge, will any existing annuity contract or life insurance policy be replaced or will values from another annuity contract or life insurance policy (through loans, surrenders, or otherwise) be used to make purchase payments for the contract applied for? NO YES

Type of unexpired government-issued photo I.D. used to verify the applicant's identity? IL D.L. # 72345

I certify that the information provided by the owner has been accurately recorded; no written sales materials other than those approved by the Company were used; and I have reasonable grounds to believe the purchase of the contract applied for is suitable for the owner.

Agents must sign the application

[Signature] Valued Agent 555-555-5555 9/22/10
AGENT SIGNATURE AGENT NAME PRINTED AGENT TELEPHONE NUMBER DATE

Allstate should be entered as the Agency on all applications

Allstate 012345A10
AGENCY NAME FLORIDA LICENSE# (FLORIDA CONTRACTS ONLY) AGENT STANDARD ID#

P-1405 Protective ProSaver Secure II Fixed Annuity AS 10/10

Florida Agents Only – your insurance license number must be included

Your Allstate Agent Number will drive proper production credit for applications