

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

EZ EMAIL

Helpful Information:

- Make sure you are licensed and appointed in the policy issue state.
- **Agent Name and Number along with Agency and Agency/BGA Number is required.**
- Full illustrations signed by producer for Universal Life and Variable Universal Life products.
- Protective TeleLife will contact your client within 24 hours of In Good Order submission – once you receive confirmation you can also provide TeleLife's toll free number 888-800-6608 opt. 1 to get started.
- Client Preparation – Share what to expect with your client by providing the applicant's checklist
 - Download our helpful Applicant's Checklist at <https://www.protective.com/marketing/etools/telelife/>
- Do not order paramedical exam, our TeleLife team will order if needed.

Email to EZ@protective.com or Fax to 1-205-268-6828

Protective Life's Accelerated Underwriting Program (PLUS) is available for Term and Universal Life products if client meets eligibility criteria.

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

TELELIFE EZ WORKSHEET

1. Proposed Insured Information

- a. First Name: _____ b. Last Name: _____
- c. Street Address: _____
- d. City: _____ e. State: _____ f. Zip Code: _____
- g. Email Address: _____ h. Social Security No: _____
- i. Date of Birth (mm/dd/yyyy): _____ j. State of Birth: _____
- k. Driver's License Number: _____ l. Driver's License State: _____
- m. Home Phone: _____ n. Work Phone: _____ o. Cell Phone: _____
- p. Best Time to Call: AM PM q. Gender: Male Female r. Is the applicant a U.S. Citizen? Yes No
- s. Annual Income: \$ _____ t. Net Worth: \$ _____

2. Plan of Insurance

- a. Product Name:
- | | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Indexed Choice UL | <input type="checkbox"/> Custom Choice UL: <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 |
| <input type="checkbox"/> Lifetime Assurance UL | <input type="checkbox"/> Protective Classic Choice Term: <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 40 |
| <input type="checkbox"/> ProClassic II UL | <input type="checkbox"/> Protective Advantage Choice UL |
| | <input type="checkbox"/> Protective Strategic Objectives II VUL |
- b. Face Amount: \$ _____ c. State of Issue: _____ d. Electronic Policy Delivery Yes No
- e. Premium Quoted: \$ _____ f. Quoted Risk Class: _____
- g. Has the applicant used tobacco in any form in the past 12 months? Yes No
- h. Mode of Premium Payment: Annually Semi-Annually Quarterly Monthly
- i. Payment Method: Monthly Bank Draft Direct Bill
- j. Select Riders:
- Accidental Death Benefit \$ _____
 - Child Rider Unit # _____ (1 unit represents \$1000 of coverage)
 - Disability Benefit (Universal Life Only)
Monthly Benefit Amount \$ _____
 - ExtendCare Rider or Chronic Illness Accelerated Death Benefit (Universal Life Only)
Maximum Monthly Benefit Amount \$ _____
 - Income Provider Option
 - Lapse Protection
 - Return of Premium Premium Amount \$ _____
 - Terminal Illness-Accelerated Death Benefit (TI-ADB)
 - Waiver of Premium (Non-Universal Life Only)
 - Waiver of Specified Premium (Universal Life Only) Premium Amount \$ _____
- k. Purpose of Insurance: Business Personal
- l. Would the applicant like to bind coverage? Yes No (If Yes, bank account information will be obtained during the interview.)
- m. Has the applicant ever had a request for life or health insurance declined, postponed, rated, canceled, or restricted in any way? Yes No
- n. Should this application be considered a potential replacement or modification of any existing life insurance or annuity? Yes No
- o. Is there any application for any other life insurance on the life of the Proposed Insured now pending or being considered with this or any other company? Yes No

Continued.....

p. Is there any life insurance in force on the life of the Proposed Insured? Yes No If Yes, list all life insurance in force on the life of the Proposed Insured whether owned by the Proposed Insured or not.

<u>Company Names</u>	<u>Face Amount</u>	<u>Year Issued</u>	<u>To Be Replaced?</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

3. **Owner Information** – Owner is Proposed Insured Other than Proposed Insured-complete below.

a. First Name: _____ b. Last Name: _____

c. Street Address: _____ d. City: _____

e. State: _____ f. Zip Code: _____ g. Date of Trust (mm/dd/yyyy): _____

h. Date of Birth (mm/dd/yyyy): _____ i. SSN/Tax ID No: _____

j. Phone Number: _____ k. Relationship to Proposed Insured: _____

4. **Payor Information** – Send notices to Proposed Insured Owner Other-complete below.

a. First Name: _____ b. Last Name: _____

c. Street Address: _____ d. City: _____

e. State: _____ f. Zip Code: _____ g. Relationship to Proposed Insured: _____

5. **Beneficiary Information** – Beneficiary is Owner Trust Other-complete below.

Primary Beneficiary **Contingent Beneficiary** % Share _____

a. First Name: _____ b. Last Name: _____

c. Street Address: _____ d. City: _____

e. State: _____ f. Zip Code: _____ g. Date of Birth (mm/dd/yyyy): _____

h. Social Security No.: _____ i. Relationship to Proposed Insured: _____

Primary Beneficiary **Contingent Beneficiary** % Share _____

a. First Name: _____ b. Last Name: _____

c. Street Address: _____ d. City: _____

e. State: _____ f. Zip Code: _____ g. Date of Birth (mm/dd/yyyy): _____

h. Social Security No.: _____ i. Relationship to Proposed Insured: _____

Primary Beneficiary **Contingent Beneficiary** % Share _____

a. First Name: _____ b. Last Name: _____

c. Street Address: _____ d. City: _____

e. State: _____ f. Zip Code: _____ g. Date of Birth (mm/dd/yyyy): _____

h. Social Security No.: _____ i. Relationship to Proposed Insured: _____

6. **Special Remarks:** _____

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

AGENT ATTESTATION

For any policy to be issued as a result of the application:	Yes	No
(1) Will anyone other than the Insured, his or her family, or employer/business partner pay any portion of the initial or future premiums or obtain any right, title or interest in this policy? If Yes, complete the "Statement of Owner Intent" (Application Supplement – Part II)	<input type="checkbox"/>	<input type="checkbox"/>
(2) Will any portion of the initial or future premiums be borrowed, loaned or otherwise financed? If Yes, complete the "Premium Financing Disclosure" (Disclosure and Acknowledgement)	<input type="checkbox"/>	<input type="checkbox"/>
(3) Will a trust, including family trust, own this policy? If Yes, complete the "Trust Certification" (Application Supplement – Part III)	<input type="checkbox"/>	<input type="checkbox"/>
(4) Is the Proposed Insured age 65 or older AND total coverage applied for across all Protective companies \$1,000,000 or more? If Yes, complete the "Statement of Owner Intent" (Application Supplement – Part II)	<input type="checkbox"/>	<input type="checkbox"/>

By selecting the "I AGREE" checkbox below, I state the following:

- I am a duly licensed and appointed (if appointment is required) life insurance agent in the state where the applicant was solicited and in the state where the policy (if one is issued) will be delivered. If I am not currently appointed, I understand that I will need to be appointed by Protective Life Insurance Company, before any issued policy can be delivered.
- The product and amount of insurance identified are suitable in view of the proposed insured's insurance needs and financial objectives.
- The information provided is complete, accurate, and correctly recorded.
- All forms required to be delivered at time of solicitation have been delivered, and all other required forms (including privacy notices and/or sales materials, if necessary) have been or will be provided in a timely manner to the applicant.
- I have asked the applicant about any existing life insurance or annuities and certify that all replacement sales (if applicable) have been made in accordance with the Company's corporate policy.
- I authorize Protective Life Insurance Company to obtain such administrative information as may be necessary to complete any life insurance application resulting from this submission; provided however, that any item of information or question from the proposed policy owner or insured requiring the advice or assistance of a licensed life insurance agent will be referred to me for action before the application can be completed.
- I have obtained sufficient information about the client to mitigate risks associated with money laundering, terrorist activity/funding, and to avoid doing business with a sanctioned individual or resident of a sanctioned country.
- I will not deliver the policy unless I have completed a review and I am satisfied that the application, policy, and all attached forms, if any, are complete and accurate.
- I acknowledge that selecting the "I AGREE" checkbox constitutes my signature on the form, which has the same effect as if I personally signed the form.

In addition to the authorizations referenced in the preceding paragraphs, selecting the "I AGREE" checkbox below will constitute my legally binding signature on the completed application and on all other required forms.

I hereby agree to the provisions in this attestation and I authorize Protective Life Insurance Company to affix my signature to the application and all other required forms.

I AGREE to the above statements.

Agent's First Name Agent's Last Name Agent Number Split %

Agent's First Name Agent's Last Name Agent Number Split %

Agent's First Name Agent's Last Name Agent Number Split %

Agent's Email Address: _____

Agency Name: _____ BGA Number: _____

Submitting Agent's Signature: _____