

Protective Life Insurance Company
P.O. Box 830619
Birmingham, Alabama 35283-0619

Supplemental Application
Income Term Product

Proposed Insured _____ **Policy #** _____

1. Please indicate the annual Income Term Product death benefit and the number of years the payments are to be made. Annual Income Benefit: \$ _____ Number of Years: _____

2. Please indicate the Initial Premium Period. 10 15 20 25 30

3. I want to purchase the Term Life Insurance rider. Amount: \$ _____ Initial Premium Period: _____ Years

NOTE: The Initial Premium Period of the Term Life Insurance rider must match the base policy level premium period chosen.

4. Please indicate the estimated annualized premium for the policy: \$ _____

Signed at: _____
(City / State)

Proposed Insured Signature **Date**

Owner Signature **Date**

Agent Signature **Date**