

DON BOOZER & ASSOCIATES P: 800-543-0886 F: 940-315-8434 Email: NewBusiness@DonBoozer.com

TeleLife[®] Application Transmittal

Agent Name:	Appointment #:					
Agent Phone:	Email:					

Required Forms

nent Information

- □ Pre-Application
- □ Replacement

- $\hfill\square$ Application Supplement Part 1
- □ Full Illustration, (UL only)
- □ Pre-Authorized Withdrawal
- □ Checklist provided to client

*Signature Requirements: Agent signature required on all forms [applicants signature optional at time of sale] Include any State Required forms contained in packet. Note: all forms provided may not be applicable

General Compliance

- □ Insured & Owner personal information complete & correct
- □ Indicate Death Benefit, Plan of Insurance, Rate Class & Premium Quoted
- Mark the 3 Agent Attestation Questions on the bottom of the pre-app. Print Agent Name, Agent code, Sign and Date
- □ Obtain Owner's signature if other than proposed insured
- ★ Do Not Order the Exam. TeleLife will order upon completion of the interview

Premium Source

- Pre-Authorized Withdrawal [PAW] of premium Include a completed PAW form [PL-104]
- Indicate Initial and Future draft dates

Sinding Coverage – options are bank draft [PAW] or credit card. [Credit card information will be collected during the phone interview]

Special Instructions

TeleLife® Applicant's Checklist



Thank you for using TeleLife to apply for life insurance. A Protective Life representative will contact you soon to complete your application by phone.

During the phone interview, you will be asked some routine questions [name, address, employer, income, etc.] along with several questions about your medical history. To complete the phone interview as quickly as possible, please have the following information available:

Personal Information

- Social Security and Driver's License number
- Other existing or pending life insurance policies, including company name coverage amounts, and policy numbers if available
- Type of Visa, Visa number and expiration date, if you are <u>not</u> a U.S. Citizen
- Payment information for initial or recurring premium payment(s) [checking, savings, or credit card account information,] if applicable.

Medical Information

- Name, address and phone number of your doctor(s) and hospitals(s)
- Current treatment you receive by any doctor or hospital; including your medications, dosages, and reasons
- Reasons for past treatment, with date(s)
- Additional tests you have been advised to take and elective exam(s) or procedure(s) that have been scheduled.

PROCESSING CENTER CONTACT INFORMATION

Phone Interview number: 1-888-800-6608

Hours of Operation M-F 7:00am – 8:00pm CT Saturday 9:00am -2pm CT

Protective.
Life Insurance Company
Elgin, Illinois 60124



FAX # 1-888-543-0886

APPLICATION	FOR INDIVID	UAL LIF		JRAN	ICE		Owner, if other than proposed	Owner's Address	6	
Proposed Primary Insured Proposed Other Insured Name Last First MI			_ "	nsured						
Name Last	Fir	rst	N		 Male Female 		Relationship to Proposed Insured	Social Security of	or Tax ID #	<u>+</u>
Street										
City		State		Zip			Primary Beneficiary (name, relations	ship and percentag	le)	
Social Security Numb	er Occupatio	on	·				Contingent Beneficiary (name, relation	onship and percer	itage)	
Birthplace	Birthdate	Drive	er's Lice	ense #			Vill this policy replace or change a	ny ovisting life ins	uranco or	annuity
Home Phone	Cell Phone	I	Busin	ess Ph	one	ir	n force? Yes No	ny existing me ms		annuny
()	()		()			Does the applicant have existing life Innuity contracts other than group i	e insurance policie	es or	
Where do you wisł	h to be reached	l for additi	ional ir	forma	ation?		f yes, list below:			
□ Home □ Work	Cell	Best	times:	🗋 a.m.	🗋 p.m.			Year Issued	<u>To Be R</u>	eplaced?
Annual Income		Net Wortl	n						🗅 Yes	D No
Initial Death Benefit	t \$								🗆 Yes	□ No
Plan of Insurance:						- _				□ No
						- L			🗅 Yes	🗅 No
Riders: WP D /	Riders: \$					-	Do you have an application pending	g in another comp	any? □Ye	es 🗆 No
Mode of Premium Payment: Annual SA Qtrly PAC										
Rate Class Quoted: Premium Quoted: Is Proposed Insured a U.S. Citizen? Yes No										
Amount remitted with this application, in exchange for this										
Company receipt:	\$						60 months? I Yes I No			
Special Request:										
Any person who statement of clain any fact material criminal and civil	m containing a thereto may b	iny mater be comm	ially faitting	alse iı a frau	any insura nformation idulent ins	rance on or isura	e company or other person, file conceals, for the purpose of mi nce act, which may be a crime	s an application sleading, inform and may subjec	for insu ation cor t such p	rance or ncerning erson to
clinic or other meet institution or perso reinsurers or the M An exact copy of the are true and compl Act and the Medica	dical or medica in that has any Medical Informat his authorization ete to the best of al Information B sued; and the fu	Ily related records o ion Burea n is as val of my (our) ureau. No ull first pre	facilit r know u, any id as t know cover mium	y; any ledge such he orig ledge age w	y insúrance of me or r informatior ginal. I (we and belief. <i>r</i> ill be in eff	ce coi my h on. Th (e) hav f. I (we	authorize: any licensed physician of mpany; the Medical Information E ealth, to give Protective Life Insur is authorization is valid for two yea ve read all the questions and answ b) have received the notification ab until: a full application has been sig v the company; and any amendme	Bureau; and any a ance Company, it ars from the date vers in the applica out the Federal Fa gned by the propo	other orga s affiliates this form i ttion. All re air Credit F sed insure	anization, s, or their s signed. esponses Reporting ed; and a
Signed at: (city and	state)						Signature of Proposed I	Insured (if age 18	or over)	
Date signed: (mont	h/day/year)						Signature of Owner/Applicant, i		,	ed
Agent: To the bes	t of vour knowle	dae will th	is polic	v repl	ace or cha	ange a				
Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)? (If "Yes," complete any required replacement forms.) Has the Owner been provided an illustration which conforms to this application? If "no," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for. Is there any third party other than the proposed insured that will obtain any ownership rights on any policy issued as a result of this application? Yes No						0				
Print Agent's Name/Soc	cial Security Numbe	er or Agent C	ode			A	gent's Signature		Date	
Agent's Telephone Nur	nber					A	gent's Email Address			

Policy Number



SUPPLEMENT TO LIFE INSURANCE APPLICATION

APPLICATION SUPPLEMENT – PART

The statements and answers to the questions listed below shall become a part of the attached application; shall be subject to the terms of the attached application; and shall become a part of any policy based on this application.

Print Name of Proposed Insured(s)	
1 1	

	any policy to be issued as a result of this application: Will anyone other than the Insured, his or her family, or employer/business partner pay any portion of the initial or	Yes	No
(1)	future premiums or obtain any right, title or interest in this policy?		
	If Yes, complete the "Statement of Owner Intent" (Application Supplement – Part II)		
(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)		
(3)	Will a trust, including family trust, own this policy?		
	If Yes, complete the "Trust Certification" (Application Supplement – Part III)		
(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)

SIGNATURES

I (We) have read or have had read to me (us) the completed Supplement before signing below. All statements and answers in the Supplement are correctly recorded and are full, complete and true to the best of my (our) knowledge and belief. I (We) understand that the information being provided in this Supplement is being relied upon in considering the application for life insurance and is subject to the applicable Fraud Statement as provided in the Application for Life Insurance.

Signed in	, this	day of		······································
(State)		-	(Month)	(Year)
Signature(s) of Proposed Insured(s):	X			SIGN HERE
	X			SIGN HERE
Signature(s) of Owner(s)/Trustee(s):	Χ			SIGN HERE
(provide officer's title if policy is owned by a corporation)	X			SIGN HERE
Signature of Witness:	X			SIGN HERE

PRODUCER CERTIFICATION

By signing below, I hereby certify that to the best of my knowledge and belief, the information provided herein is complete, accurate, and correct and that the life insurance being applied for conforms to the Company's guidelines.

Signed at:	(City and State)		Date
Х		SIGN HERE	
Producer Signature			Producer Name (Print)

☐ Term ☐ UL			
	PROTECTIVE LIFE INSURA P.O. Box 830619, Birmingha		
	CONDITIONAL RECEIF	T AGREEMENT	
This agreement provides only a limited this agreement are met. No Agent of Agreement. No life insurance is prov suicide. In the event of suicide, while s	Protective Life Insurance Company vided under the terms of this docu	(the Company) can alter or waive an iment in the event of the death of th	y of the provisions of this ne proposed insured(s) by
Initial Payment Method Received:	Pre-Authorized Funds Withdrawa	I	
An application for life insurance on each under and is subject to the exact condition			nditional payment is received
DO NOT MAKE CHECKS PAYABLE TO WILL NOT BE ACCEPTED. ALL PREMI			
benefits (including those applied for Proposed Insured(s) under 15 days) on the Proposed Insured (s) with of age or over age 80; OR (3) for	lied for <u>plus</u> any in force life insuran the Company and its affiliates exceer cases in which the Proposed Insured (2) or (3) of this note will be refunded.	ds \$1,000,000; OR (2) on d(s) intends to leave the
rules for the plan, amount (B) the amount paid with the a class applied for; and	as been fulfilled exactly, no insurance Proposed Insured(s) is (are) insurable and premium rate class applied for; application and shown above is equal		any's published underwriting
EFFECTIVE DATE OF COVERAGE Insurance issued based on the application (A) the date of the application; (B) the date requested in the a (C) the date of the last of any r	ipplication; or	under the rules and practices of the Cor	npany.
AMOUNT OF COVERAGE - \$1,000,000 I The total amount of insurance on Propos \$1,000,000 with the Company and its a Insured(s) currently in force and applied for	sed Insured(s) which may become ef affiliates. This amount includes oth		
	ler this Agreement and this Agreemen	n is not honored by the financial institutio	n.
	this Agreement was attached is not a iability in such event(s) will be to retur	approved as applied for by the Compan n any money received.	y within ninety days from its
NOTICE TO APPLICANT: You should re	tain a copy of this Agreement. The O	riginal will be retained by Protective Life I	nsurance Company.
By my signature I am attesting that I under to withdraw the amount of \$		he initial premium for the application on	• • •
Date:			
Date:	_ Owner Signature:		
	-	EDIATELY UPON RECEIPT	
PL-CR-Ticket (3/10)	Original – Home Office	Copy - Owner	05/2016



PRE-AUTHORIZED WITHDRAWAL AGREEMENT

FOR DRAFTING OF PREMIUM PAYMENTS

The person paying the premium on the life insurance policy listed below must sign this agreement.

I request and authorize Protective Life Insurance Company to draw against the account listed below to pay premiums once a policy has been issued. I understand that no coverage exists until a policy is issued or I receive a Conditional Receipt/Temporary Life Insurance Receipt.

Policy Number:	Name of Insured:		
Name of Bank:			
	Box:		
City:	State:	Zip Code:	
Type of Account:	□ Checking □ Savings		
Routing Number:			
Account Number:			
Premium Frequency:	*Monthly (*Only available by bank draft)	Quarterly	
	Semi-Annually	□ Annually	

Draft the initial premium - I understand that authorizing the drafting of the initial premium and providing the account information does not provide any life insurance coverage on myself or any applicant listed on the application for life insurance unless I have signed, dated and met the terms and conditions of the Protective Life Conditional Receipt Agreement/Temporary Life Insurance Receipt.

If the Company receives a Conditional/Temporary Receipt with this form your premium will be drafted immediately and you will be provided with conditional coverage subject to limited terms and conditions.

Variable life insurance premiums will not be deducted unless a policy is issued.

I request **future** drafts be made on the _____ day of the month. **(The draft date must be on or before the policy effective date.)** (1st-28th)

Premium Payer - Depositor (Please Print)

Date

Signature

PLEASE INCLUDE A VOIDED CHECK WITH APPLICATION. IF THIS IS TO DRAFT FROM A BROKERAGE ACCOUNT, A VOIDED CHECK IS NOT NECESSARY. DO NOT USE STAPLES.

PL-104 (05/11)

REPLACEMENT NOTICE

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new policy and discontinuing or changing an existing policy? If you are, your decision could be a good one -- or a mistake. You will not know for sure unless you make a careful comparison of your existing policy and the proposed policy.

Make sure you understand the facts, [Missouri law gives you the right to obtain a policy summary statement from your existing insurer at any time.] Ask the company or agent that sold you your existing policy to [give you information about it] provide you with a policy summary statement.

Below is a check list of some of the items you should consider in making your decision. TAKE TIME TO READ IT,

Do not let one agent or insurer prevent you from obtaining information from another agent or insurer which may be to your advantage.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required to notify your existing company that you may be replacing their policy.

Арр	olicant's Signature	Date	Ag	ent's Signature	Date
Арр	plicant's Name and Address (printed)		ent's Name, Address, Telephon mber and License Number (prir	
2.	ITEMS TO CONSIDER If the policy coverages are basic premiums for a new policy may because rates increase as your age Cash values and dividends, if any slower under a new policy initially be initial cost of issuing a policy. Your present insurance company ma make a change on terms which m favorable than if you replace existin with new insurance. If you borrow against an existing p premiums on a new policy, dea payable under your existing policy.	y be higher increases. y, may grow cause of the ay be able to ay be more ag insurance policy to pay ath benefits	6. 7. 8.	Are premiums guaranteed or s up or down? Participating policies pay div materially reduce the cost of in life of the contract. Dividends guaranteed. CAUTION, you are urged not terminate, assign or alter insurance coverage until after issued the new policy, exam found it to be acceptable to yo and REMEMBER, you have tw following receipt to examine th	vidends that may nsurance over the , however, are not t to take action to your existing life er you have been nined it and have bu. venty (20) days
5.	reduced by the amount of any u including unpaid interest. Current interest rates are not	inpaid loan, guaranteed. re usually		individual life insurance policy are not satisfied with it for any the right to return it to the insu branch office, or to the agent was purchased, for a full refur	or annuity. If you reason, you have urer at its home or t through whom it

COMPLETE IF SELECTING INCOME PROVIDER UL

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

Supplemental Application - Pre-Determined Death Benefit Payout Endorsement

oposed Insured:			
I wish to elect the Pre-Determined Death Benefit Payout Endors	ement.		
Please indicate the desired Death Benefit Payment Schedule:			
Initial Lump Sum (if any): \$	_		
Benefit Installment Mode / Amount / Duration:	nual \$	for	Years
(please select either annual or monthly mode) M	onthly \$	for	Years
If Yes, what date? (MM/DD). If no date chos			n the
	I wish to elect the Pre-Determined Death Benefit Payout Endors Please indicate the desired Death Benefit Payment Schedule: Initial Lump Sum (if any): Benefit Installment Mode / Amount / Duration: (please select either annual or monthly mode) For Annual, would you like to specify the date the beneficiary re If Yes, what date? (MM/DD). If no date chose	I wish to elect the Pre-Determined Death Benefit Payout Endorsement. Please indicate the desired Death Benefit Payment Schedule: Initial Lump Sum (if any): Benefit Installment Mode / Amount / Duration: Annual \$ (please select either annual or monthly mode) Monthly \$ For Annual, would you like to specify the date the beneficiary receives benefit? Yes If Yes, what date? (MM/DD). If no date chosen, beneficiary will received to the specific date the date chosen.	I wish to elect the Pre-Determined Death Benefit Payout Endorsement. Please indicate the desired Death Benefit Payment Schedule: Initial Lump Sum (if any): Benefit Installment Mode / Amount / Duration: Annual \$ for

For Monthly, would you like to specify the day of the month the beneficiary receives benefit? Yes ____ No ____ If Yes, what day? _____ (1-28). If no day chosen, beneficiary will receive benefit on the day of the month of the original claim processing date.

3. Beneficiary: If multiple beneficiaries named, shares of both the initial lump sum and each installment will be equally divided among the surviving beneficiaries, unless otherwise specified.

Primary	Relationship	% of Initial Lump Sum (if any)	% of Benefit Installment Amount
Contingent	Relationship	% of Initial Lump Sum (if any)	% of Benefit Installment Amount

Signed at:	
(City/State)	
Circulture of Deserved Included	
Signature of Proposed Insured	Date
Signature of Owner	Date
Signature of Agent	Date



ELECTRONIC POLICY DELIVERY ELECTION FORM

Protective Life offers Electronic Policy Delivery (EPD), the option to receive your policy in an electronic printable format instead of paper. The policy will be electronically sent to you by email and stored on our secure Customer Service website, <u>www.myaccount.protective.com</u>, which is available 24 hours a day.

How Electronic Policy Delivery will work for you:

- The EPD process is quick, easy and safe.
- You can save, print, and review your policy online 24 hours a day, 7 days a week.
- Your policy will be safely stored on our secure website for convenient easy access.
- You can make your initial payment online by bank draft or credit card.

How to sign up for Electronic Policy Delivery:

- 1. Provide your email address below.
- 2. Return this form with your application for life insurance.

By providing my email address, I am requesting my policy to be delivered through Electronic Policy Delivery.

Email Address for Proposed Insured

Email Address for Owner (If the owner is other than the proposed insured)