

ProSaver® Index Choice

An Indexed Annuity

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 _____		<input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate __ / __ / ____ M M D D Y Y Y Y Tax ID/SSN _____										
Owner 2 Name, Street, City, State, ZIP _____ (if applicable)		<input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate __ / __ / ____ M M D D Y Y Y Y Tax ID/SSN _____										
Annuitant Name, Street, City, State, ZIP _____ (if different than Owner)		<input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate __ / __ / ____ M M D D Y Y Y Y Tax ID/SSN _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Primary Beneficiary (if there is no surviving Owner)</th> <th style="width: 50%;">Contingent Beneficiary</th> </tr> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Name</u></th> </tr> <tr> <th style="text-align: left;"><u>Relationship</u></th> <th style="text-align: left;"><u>Relationship</u></th> </tr> <tr> <th style="text-align: right;"><u>%</u></th> <th style="text-align: right;"><u>%</u></th> </tr> </thead> <tbody> <tr> <td style="height: 100px; vertical-align: bottom;">Use "Special Remarks" for additional Primary Beneficiary information.</td> <td style="height: 100px; vertical-align: bottom;">Use "Special Remarks" for additional Contingent Beneficiary information.</td> </tr> </tbody> </table>			Primary Beneficiary (if there is no surviving Owner)	Contingent Beneficiary	<u>Name</u>	<u>Name</u>	<u>Relationship</u>	<u>Relationship</u>	<u>%</u>	<u>%</u>	Use "Special Remarks" for additional Primary Beneficiary information.	Use "Special Remarks" for additional Contingent Beneficiary information.
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<u>Name</u>	<u>Name</u>											
<u>Relationship</u>	<u>Relationship</u>											
<u>%</u>	<u>%</u>											
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Interest Rate Cap Lock	<input type="checkbox"/> I want to lock the current interest rate cap for 45-days.											
Plan Type (choose one): <input type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other_____												
<p>If an IRA purchase payment includes new contributions, please complete the following:</p> <table style="width: 100%;"> <tr> <td>\$ _____ (Amount)</td> <td>_____ (Current Tax Year)</td> </tr> <tr> <td>\$ _____ (Amount)</td> <td>_____ (Previous Tax Year)</td> </tr> </table>			\$ _____ (Amount)	_____ (Current Tax Year)	\$ _____ (Amount)	_____ (Previous Tax Year)						
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Funding Source (choose one): <input type="checkbox"/> Cash <input type="checkbox"/> Non-Qualified 1035 Exchange <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Indirect Rollover <input type="checkbox"/> Transfer												
Replacement <ul style="list-style-type: none"> ▪ Do you currently have an annuity contract or life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Will this annuity change or replace an existing annuity contract or life insurance policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>(If yes, please provide the company name and policy number of these contracts or policies in "Special Remarks" below)</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 and is subject to investment risk, including the possible loss of principal.

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 intent 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.

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 on behalf of all Owners.

Application signed at: _____ on _____.
(City and State) (Date)

Owner 1: _____ Owner 2: _____

Owner daytime phone #: _____ Annuitant: _____
(If other than Owner)

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

Producer Report

The purchase of this annuity ☐ does ☐ does not change or replace any existing annuity or life insurance to the best of my knowledge and belief.

I have determined the suitability of this annuity product to the senior applicant's financial objectives and situation. In doing so, I determined:

* 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 Name: _____

Producer Phone #: _____

FL Lic. # (if applicable) _____

**PROTECTIVE PROSAVER® INDEX CHOICE DEFERRED INDEXED ANNUITY CONTRACTS
DISCLOSURE STATEMENT AND ACKNOWLEDGEMENT**

Introduction

The ProSaver® Index Choice is a flexible premium deferred indexed annuity contract in which the rate of interest credited to the Indexed Account is based on the positive growth, if any, of an independent equity market index. The purchase of a *ProSaver® Index Choice* annuity contract is not an investment in any stock or equity index, and the contract does not directly participate in any stock or stock market. Because annuities should be used for long-term financial goals, it is very important to understand the features and benefits associated with a *ProSaver® Index Choice* annuity contract to determine if it fits in your overall financial plan.

Protective prepared this *Disclosure Statement and Acknowledgement*, and compiled the accompanying documents, to provide general information about annuities and specific details about our *ProSaver® Index Choice* annuity contracts. Please read these materials carefully and talk with your agent, tax advisor or financial planner before you decide to buy, if you have questions. This *Disclosure Statement and Acknowledgement* must be accompanied by a **Product Guide** for the *ProSaver® Index Choice* indexed annuity and an **NAIC Annuity Buyer's Guide**, prepared by the National Association of Insurance Commissioners. Please sign below to acknowledge that you received a **Product Guide** and **NAIC Annuity Buyer's Guide**, along with a copy of this form. We require a signed *Disclosure Statement and Acknowledgement* before we can process your application.

Issuing a Contract

Currently, we issue *ProSaver® Index Choice* contracts once a week. Each Wednesday, we will issue those contracts for which we have received a complete application, including an initial purchase payment, by 3:00 p.m. CT on Monday. For applications received or completed after 3:00 PM CT on Monday, contracts will be issued on Wednesday of the following week.

For 1035 Exchanges, or Transfers and Rollovers of IRAs and qualified plans, we will issue contracts only after all premiums have been received. Any premiums held by Protective prior to the contract's Effective Date will not receive any pre-effective interest.

**Applicant
Acknowledgement**

I have received a *ProSaver® Index Choice* Product Guide and the NAIC Annuity Buyer's Guide. I understand that any values shown, other than guaranteed minimum values, are not guaranteed by Protective Life and are not promises or warranties.

Applicant 1 Signature Date

Applicant 2 Signature Date

**Producer
Acknowledgement**

I have read the *ProSaver® Index Choice* Product Guide and the *ProSaver® Index Choice* Producer Guide, and I affirm that I understand them. I have given a *ProSaver® Index Choice* Product Guide and the NAIC Annuity Buyer's Guide to the applicant. I have not made any statements that materially differ from these printed materials, and have not made promises or guarantees about performance, or the future value of any non-guaranteed element.

Producer Signature Date