

SUITABILITY FOR FIXED ANNUITIES

This form is an essential part of the application process. It helps your agent assess your insurance needs and financial objectives, and make recommendations appropriate to your situation. **All** questions must be answered, and the form **must** be signed by each applicant and the financial advisor.

APPLICANTS: (If the contract will be jointly owned, provide both applicants' information.)

Applicant 1 _____ Applicant 2 _____

SSN/TIN _____ Age _____ SSN/TIN _____ Age _____

FINANCIAL PROFILE: (If the contract will be jointly owned, applicants' information may be combined.)

1. Annual Gross Income: \$0 - \$25k \$25 - \$75k \$75k - \$150k \$150k+

- Sources of Income: Wages/Salary/Rents SSI IRA Pension Investments
(select all that apply) Interest/Dividends Other (Specify) _____

- My monthly income ... is stable. -or- fluctuates.

2. Federal Income Tax Rate: <10% 15% 25% 28% 33% 35%+

3. Expenses: Monthly expenses as a percentage of average monthly annualized income? _____ %
'Expenses' means recurring periodic expenditures for necessities, such as housing, utilities, food, transportation, health care costs, and medical & property insurance. Do not include discretionary items, such as travel and entertainment.

4. Liquid Net Worth (Total Assets – value of all real and tangible personal property): \$ _____
Do not include the amount used to purchase this annuity.

- Sources of liquidity, **other than the proposed annuity purchase:** Bank (checking/savings/CDs) Stock
(select all that apply) Bonds Mutual Funds/ETFs Other (Specify) _____

5. What other financial products do you currently own (or have previously owned)? Permanent Life Insurance
(select all that apply) Variable Annuity Fixed Annuity Limited Partnerships/REITs Options

PROPOSED ANNUITY:

6. Reason for Purchase: Principal Preservation Growth/Wealth Accumulation Tax Deferral
(select all that apply) Income Inheritance/Leave to Beneficiary Other (Specify) _____

7. Source of funds for this annuity purchase? Current Income Cash/Savings/Other Investment
 IRA/Retirement Plan Rollover Loan/Reverse Mortgage Other (Specify) _____

8. How long do you plan to keep this annuity? 1-3 years 4-7 years 7+ years Lifetime
• Do you plan to make additional purchase payments into this annuity? Yes No

9. Are you using funds from any existing insurance product (life insurance/annuity) for any portion of the premium for this annuity? Yes No

10. If "Yes" to Q #9, above: a) How long has that/those insurance products been in force? _____ years b) Total amount of penalties, fees and surrender charges **of any kind** associated with liquidating those products? \$ _____

CONTINUE TO CONFIRMATION & SIGNATURE SECTIONS ON NEXT PAGE

Protective Life Insurance Company
P. O. Box 10648, Birmingham, AL 35202-0648
Toll Free 800- 456-6330; Fax 205-268-3151

Protective Life Insurance Company
is not licensed in New York.

OWNER'S CONFIRMATION I confirm that I provided the information above and that it is true and complete to the best of my knowledge. I discussed my current financial situation, anticipated financial needs and risk tolerance with my agent. I understand the annuity I am applying for is a long term contract with substantial penalties for early withdrawal. Moreover, I have reviewed the product specific Disclosure Statement and understand the product features, its interest crediting elements and, if applicable, the indexes upon which the interest calculation will be based. I have determined that purchasing this annuity supports my insurance needs and will assist me in meeting my financial goals and objectives.

Applicant 1: _____ **Date:** _____

Applicant 2: _____ **Date:** _____

PRODUCER'S CONFIRMATION I have made a reasonable effort to obtain the following information about the applicant(s): financial resources, net worth and liquidity, tax status, investment objectives, risk tolerance, time horizon, and financial goals and objectives. Based on the information the applicant supplied and the applicant's circumstances of which I am currently aware, I believe the recommended annuity is suitable, appropriate, and will help achieve the applicant's insurance needs and financial objectives.

Producer: _____ **Date:** _____

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