

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619

Birmingham, AL 35283-0619

THIS FORM IS TO BE SIGNED BEFORE THE ISSUANCE OF YOUR POLICY.

IT SHOULD BE RETAINED FOR YOUR RECORDS.

DO NOT RETURN THIS FORM TO PROTECTIVE LIFE INSURANCE COMPANY

NOTICE AND CONSENT FOR EMPLOYER-OWNED LIFE INSURANCE

The tax aspects relating to compliance with the IRS rules for employer-owned life insurance depend on the specific facts and circumstances. Accordingly, the legal and tax consequences of this Notice and Consent should be reviewed and approved by the client's legal counsel prior to its use for any purpose. This document has been furnished by Protective Life for general information only. A completed Notice and Consent should be signed and dated no later than the date of issuance of the life insurance contract applied for. The business employer/(Applicant) is required to file annually with the Internal Revenue Service a completed IRS Form 8925, as required by Section 6039I of the Internal Revenue Code.

NOTICE TO EMPLOYEE, OFFICER, OR DIRECTOR (PROPOSED INSURED)

Pursuant to Internal Revenue Code Section 101(j)(4), _____ (the "Employer") hereby notifies the below-identified employee, officer, or director (the "Proposed Insured") that the Employer intends to (a) purchase, own, and be the beneficiary of all or a portion of one or more life insurance policies on the life of the Proposed Insured; (b) retain such policy or policies in force during the period of the Proposed Insured's employment with the Employer; and (c) insure your life for an amount of \$_____ when the policy or policies are issued, and may purchase additional insurance coverage on your life from time to time up to the maximum face amount of \$_____. The Employer may continue in force said policy or policies after the Proposed Insured terminates his or her employment with the Employer.

CONSENT OF EMPLOYEE, OFFICER, OR DIRECTOR (THE PROPOSED INSURED)

I hereby acknowledge receipt of the above Notice, and that I have read, understand and consent to the expressed intentions of the Employer (set forth above) and specifically consent to the following: That the Employer currently has an insurable interest in my life;

- That Employer, in its discretion, may purchase, own, and be the beneficiary of all or part of one or more life insurance policies on my life;
- That the Employer, in its discretion, may continue the life insurance policy or policies in force indefinitely after I am no longer employed by the Employer as employee, officer, or director;
- That the MAXIMUM face amount for which I will be insured when the life insurance contract(s) is/are issued is the amount set forth in the Employer's Notice above; and
- If required to meet its obligations to me or any beneficiary of mine, Employer may purchase additional insurance coverage on my life from time to time up to the MAXIMUM face amount shown above.

SIGNATURE

CALIFORNIA ONLY - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Print Name of Proposed Insured

Date

Signature of Proposed Insured